

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE

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

Crash Date 4/9/2022	Time of Crash 6:36 AM	Date of Report 4/19/2022	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHP22ON0177147	HSMV Crash Report Number 24915689-02
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## CRASH IDENTIFIERS

County Code 10	City Code 38	County of Crash BROWARD	Place or City of Crash FT. LAUDERDALE	Within City Limits YES	Reported Date/Time 4/9/2022 6:37 AM	Dispatched Date/Time 4/9/2022 6:41 AM
On Scene Date/Time 4/9/2022 6:52 AM		Cleared Scene Date/Time 4/9/2022 12:14 PM	Investigation Completed YES	Reason (if Investigation Not Complete)		Notified By LAW ENFORCEMENT AGENCY

## ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 595 (STATE ROAD 862)			At Street Address #	At Latitude N 26 4.8931	And Longitude W 80 9.6231
At Feet	Or Miles 0.3	Direction E	From Intersection With Street, Road, Highway INTERSTATE 95 (STATE ROAD 9)		Or From Milepost Number
Road System Identifier INTERSTATE		Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION		

## CRASH INFORMATION

<input checked="" type="checkbox"/> Pictures Taken					
Light Condition DARK-NOT LIGHTED	Weather Condition CLOUDY	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE	
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail PEDESTRIAN	First Harmful Event Location ON ROADWAY	Within Interchange YES	First Harmful Event's Relation to Junction THROUGH ROADWAY	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road		Contributing Circumstances: Road	
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment	
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone	

## VEHICLE

<input checked="" type="checkbox"/> Commercial Motor Vehicle									
Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number P0314G	State FL	Reg. Expires 5/31/2022	Permanent Reg. NO	VIN 1XKDDR9X9RJ620335		
Year 1994	Make KW	Model T800	Style TK	Color RED	Extent of Damage FUNCTIONAL	Est. Damage 3,000	Towed Due to Damage NO	Vehicle Removed By WESTWAY	Rotation ROTATION
Insurance Company CLEAR BLUE INSURANCE COMPANY						Insurance Policy Number AQ1YFL00206300			
Name of Vehicle Owner PEDRO SINECIO DIAZ		Business <input type="checkbox"/>	Current Address 7075 NW 186TH ST APT C207		City HIALEAH	State FL	Zip Code 33015-8337	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction WEST	On Street, Road, Highway INTERSTATE 595 (STATE ROAD 862)				At Est. Speed 55	Posted Speed 65	Total Lanes 3	
CMV Configuration SINGLE-UNIT TRUCK (2-AXLE AND GVWR MORE THAN 10000 LBS (4536 KG))		Cargo Body Type DUMP			Area of Initial Impact		Most Damaged Area		
Comm GVWR/GCWR 10001-26000 LBS (4536-11793 KG)		Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer		
Haz. Mat. Release NO	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class		<input checked="" type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overturn <input type="checkbox"/> Windshield <input checked="" type="checkbox"/> Trailer		
Motor Carrier Name 7075 NW 186TH STREET APT C207		US DOT Number 3024528		City HIALEAH	State FL	Zip Code 33015	Phone Number 305-303-0381		
Motor Carrier Address 7075 NW 186TH STREET		Address Other APT C207		City HIALEAH	State FL	Zip Code 33015	Phone Number 305-303-0381		
Comm/Non-Commercial INTRASTATE CARRIER	Vehicle Body Type MEDIUM / HEAVY TRUCKS (MORE THAN 10000 LBS (4536 KG))	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT		Most Harmful Event Detail PEDESTRIAN			
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			
PEDESTRIAN									

## VEHICLE

<input type="checkbox"/> Commercial Motor Vehicle									
Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number G835521	State IL	Reg. Expires 1/31/2023	Permanent Reg. NO	VIN 4S4BSADC1H3355195		
Year 2017	Make SUBARU	Model OUTBACK	Style UT	Color GRY	Extent of Damage NONE	Est. Damage NO	Towed Due to Damage NO	Vehicle Removed By	Rotation
Insurance Company STATE FARM INS COMPANY						Insurance Policy Number D365676A0913A			
Name of Vehicle Owner MARCIN R KRAUSE		Business <input type="checkbox"/>	Current Address 1316 W BRUCE RD LOCKPORT		City LOCKPORT	State IL	Zip Code 60441	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axles
Vehicle Traveling	Direction WEST	On Street, Road, Highway INTERSTATE 595 (STATE ROAD 862)				At Est. Speed 60	Posted Speed 65	Total Lanes 3	

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CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input checked="" type="checkbox"/> Undercarriage	<input checked="" type="checkbox"/>	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/>
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/>	
Motor Carrier Address	Address Other	City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
Vehicle Maneuver Action OTHER, EXPLAIN IN NARRATIVE	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail PEDESTRIAN
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	PEDESTRIAN				

**PERSON RECORD**

# 1	Person Type DRIVER	Vehicle # V01	Name ORIEL PATINO	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 10/03/1976	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 5765 W 25 CT APT 209, HIALEAH FL 33016		Phone Number 786-356-7709	
Driver License Number P350640763630	State FL	Expires 10/03/2025	Type CLASS A	Required Endorsements YES		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

# 2	Person Type DRIVER	Vehicle # V02	Name MARCIN R KRAUSE	Injury Severity NONE	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 02/02/1976	Sex M	Condition at Time of Crash APPARENTLY NORMAL	Address 618 E 3RD STREET APT 2W, LOCKPORT IL 60441		Phone Number 630-800-9520	
Driver License Number K62055676033	State IL	Expires 02/02/2024	Type CLASS C	Required Endorsements NO		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed NOT DEPLOYED		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To		

**PERSON RECORD**

# 3	Non-Motorist # NM01	Person Type NON-MOTORIST / PEDESTRIAN	Name DWAYNE ELLIOT HASKINS J	Injury Severity FATAL(WITHIN 30 DAYS)
Date of Birth 05/03/1997	Sex M	Address 372 BRADLEY ST, PITTSBURGH PA 15211		Phone Number
Non Motorist action / Circumstance Prior To Crash WALKING/CYCLING ALONG ROADWAY WITH TRAFFIC (IN OR ADJACENT TO TRAVEL LANE)		Non Motorist Location at Time of Crash TRAVEL LANE - OTHER LOCATION		
Non Motorist Action / Circumstance at Time of Crash 1 IN ROADWAY IMPROPERLY (STANDING LYING WORKING PLAYING)		Non Motorist Action / Circumstance at Time of Crash 2		
Non Motorist Safety Equipment 1 NONE		Non Motorist Safety Equipment 2		
Suspected Alcohol Use UNKNOWN	Alcohol Tested UNKNOWN IF TES	Alcohol Test Type	Alcohol Test Result	BAC
Source of Transport to Medical Facility OTHER, EXPLAIN IN NARRATIVE		EMS Agency Name or ID REMOVAL TRANSPORT SV	EMS Run Number 2593	Medical Facility Transported To BROWARD MED'S OFFICE

**WITNESS RECORD**

# 4	Name MARYANN ELIZABETH CAMEJO	Address 10761 CAMINO CIR APT 17-10761, WELLINGTON FL 33414	Phone Number 561-779-4804
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**WITNESS RECORD**

# 5	Name CARLOS LUIS CASTRO	Address 1028 NE 39TH DR #3, OAKLAND PARK FL 33334	Phone Number 754-366-1962
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**WITNESS RECORD**

# 6	Name LESIA ANNE WEYANT	Address 1028 NE 39TH DR # 3, OAKLAND PARK FL 33334	Phone Number 754-366-0388
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**NARRATIVE**

ID Number 3548	Rank TPR	Name I. LISOVA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 954-837-4000
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Vehicle 1 (V-1) was traveling west on westbound Interstate 595 (State Road 862) east of Interstate 95 (State Road 9) on the center paved travel lane. Vehicle 2 (V-2) was traveling west on westbound Interstate 595 (State Road 862) on the inside paved travel lane. According to witness (Maryann Camejo), she observed Non-Motorist 1 (NM01) on the outside edge line of State Road 862. NM01 had entered the westbound travel lanes walking in a southerly direction. NM01 entered the path of travel of V-1 in the center lane. V-1's left front struck NM01, causing NM01 to be redirected in a west-southwest direction. NM01 came to final rest on the inside paved travel lane, lying in a prone position facing in an easterly direction. D-2 observed NM01 and took evasive maneuvers by veering left in the attempt to avoid striking NM01. V-2's right side tires/right side undercarriage partially contacted NM01. Both V-1 and V-2 came to a controlled stop. V-1 came to final rest in the right-side gore area of westbound State Road 862, just west of the entrance ramp to State Road 9 facing in a westerly direction. V-2 came to final rest on the outside paved shoulder of westbound State Road 862 in the area of the northbound entrance ramp to State Road 9 facing in a westerly direction.

According to witness (Maryann Camejo) a third vehicle was possibly involved. Ms. Camejo described the vehicle as being a beige/cream in color sedan. No other information was provided on this vehicle.

Dwayne Elliot Haskins Jr., D.O.B. 05/03/1997, (NM01) had succumbed to his injuries on scene and was pronounced deceased by Captain Rod Watkins of the Fort Lauderdale Fire Department at 6:48 A.M.

Traffic Homicide Case Number: FHP722-10-013

Traffic Homicide Case Investigator: Corporal Stephen Rudd 1955/551

Photographs Taken By:

Corporal James Kudla 2578/735

Corporal Danny Diaz 3333/905

Corporal William J Leon 3658/1008

Measurements Taken By:

Corporal Danny Diaz

Corporal William J Leon

**REPORTING OFFICER**

ID Number 3548	Rank TPR	Name I. LISOVA	Troop / Post L	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 954-837-4000
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DIAGRAM OF CRASH

