

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

(Electronic Version)

Date of Crash 17/Mar/2024 04:00 AM	Time of Crash 17/Mar/2024 04:00 AM	Date of Report 21/Feb/2025 11:28 AM	Invest. Agency Report Number FHP24ON0134799	HSMV Crash Report Number 26322510
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CRASH IDENTIFIERS

County Code 01	City Code 66	County of Crash MIAMI-DADE	Place or City of Crash MIAMI	Within City Limits No	Time Reported 17/Mar/2024 04:15 AM	Time Dispatched 17/Mar/2024 04:18 AM
Time on Scene 17/Mar/2024 04:22 AM	Time Cleared Scene 18/Mar/2024 07:30 AM	Completed Yes	Reason (if Investigation NOT Completed)			Notified By Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway I-95 N			① At Street Address#		② At Latitude and Longitude 25.915043219971999 -80.210124755722504	
At Feet	Or Miles .25	Direction North	③ From Intersection With Street, Road, Highway NW 151 ST			④ Or From Milepost #
Road System Identifier 1 Interstate		Type Of Shoulder 1 Paved		Type Of Intersection 1 Not at Intersection		

CRASH INFORMATION (Check if Pictures Taken)

light Condition 4 Dark-Lighted	Weather Condition 1 Clear	Roadway Surface Condition 1 Dry	School Bus Related 1 No	Manner Of Collision 1 Front to Rear		
First Harmful Event Type	First Harmful Event 14	First Harmful Event Location 1 On Roadway	Within Interchange No	First Harmful Event Relation to Junction 1 Non-Junction		
Contributing Circumstances: Road 1 None		Contributing Circumstances: Road		Contributing Circumstances: Road		
Contributing Circumstances: Environment 1 None		Contributing Circumstances: Environment		Contributing Circumstances: Environment		
Work Zone Related 1 No	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone		

VEHICLE (Check if Commercial)

Vehicle 1	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number QDPE50	State FL	Reg. Expires 31/Jan/2025	Permanent Reg. No	VIN SALWR2SU5MA761899			
Year 2021	Make LNDR	Model SPORT	Style UT	Color BLK	Extent of Damage Disabling	Est. Damage 5000	Towed Due To Damage Yes	Vehicle Removed By MIDTOWN TOWIN	Rotation Rotation	
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE					Insurance Policy Number 9164174594					
Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> MIAMI SPORTS 27 INC			Current Address (Number and Street) 2298 NW 78TH AVE 206			City and State PEMBROKE PINES FL		Zip Code 33024		
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:	Direction North	On Street, Road, Highway NB I-95				At Est. Speed 60	Posted Speed 60	Total Lanes 6		
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						
Motor Carrier Name				US DOT Number						
Motor Carrier Address					City and State		Zip Code		Phone Number	
Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None		Vehicle Defects (two)		Emergency Vehicle Use 1 No		Special Function of MV 1 No Special Function		
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 4 Two-Way, Divided, Positive Median Barrier	Roadway Grade 1 Level		Roadway Alignment 1 Straight		Most Harmful Event 2 Collision with Non-Fixed Object		Most Harmful Event Detail 14 Motor Vehicle in Transport		
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events			

VEHICLE (Check if Commercial)

Vehicle 2	Motor Vehicle Type 1 Vehicle in Transport	Hit and Run 1 No	Veh License Number IMLD48	State FL	Reg. Expires 26/Dec/2024	Permanent Reg. No	VIN 1C4AJWAG8EL200744		
Year 2014	Make JEEP	Model WRANGLER	Style JP	Color BRZ	Extent of Damage Functional	Est. Damage 1000	Towed Due To Damage No	Vehicle Removed By MIDTOWN TOWING	Rotation Rotation
Insurance Company STATE FARM MUTUAL AUTOMOBILE INSURANCE					Insurance Policy Number 2674343594				

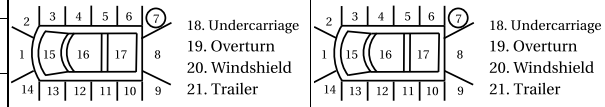
Date of Crash 17/Mar/2024 04:00 AM	Date of Report 17/Mar/2024 04:00 AM	Invest. Agency Report Number FHP24ON0134799	HSMV Crash Report Number 26322510
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Name of Vehicle Owner (Check Box If Business) <input type="checkbox"/> JAIME A RODRIGUEZ	Current Address (Number and Street) 115 SW 42ND AVE APT 304	City and State CORAL GABLES FL	Zip Code 33134
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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:	Direction North	On Street, Road, Highway I-95 N	At Est. Speed 55	Posted Speed 60	Total Lanes 6
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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)	
Haz. Mat. Release	Haz Mat. Placard	Number	Class
Motor Carrier Name	US DOT Number		



Motor Carrier Address	City and State	Zip Code	Phone Number
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Comm/Non-Commercial	Vehicle Body Type 1 Passenger Car	Vehicle Defects (one) 1 None	Vehicle Defects (two)	Emergency Vehicle Use 1 No	Special Function of MV 1 No Special Function
Vehicle Maneuver Action 1 Straight Ahead	Trafficway 5 One-Way Trafficway	Roadway Grade 1 Level	Roadway Alignment 1 Straight	Most Harmful Event 2 Collision with Non-Fixed Object	Most Harmful Event Detail 14 Motor Vehicle in Transport
Traffic Control Device For This Vehicle 1 No Controls	First (1) Sequence of Events 2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

PERSON RECORD

Person# 1	Description 1 Driver	Vehicle # 1	Name RUEBEN ELLIS BAIN J	Date of Birth 08/Sep/2004	Sex 1 Male	Phone Number 786-597-8970	Re-Exam No	
Address 1270 NW 95TH ST # 319		City MIAMI	State FL	Zip Code 33147				
Driver License Number B500725043280	State FL	Expires 08/Sep/2031	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 2 Possible	Ejection 1 Not Ejected		
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable		
Drivers Actions at Time of Crash (first) 2 Operated MV in Careless or Negligent Manner		Drivers Actions at Time of Crash (second)		Driver Distracted By 88 Unknown	Vision Obstruction 1 Vision Not Obscured			
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)		Drivers Condition at Time of Crash 1 Apparently Normal				
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type	Drug Test Result
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID MIAMI DADE FIRE 19	EMS Run Number 4066839	Medical Facility Transported To					

PERSON RECORD

Person# 3	Description 3 Passenger	Vehicle # 1	Name DESTINY BETTS	Date of Birth 13/Jan/2002	Sex 2 Female	Injury Severity 4 Incapacitating	Ejection 1 Not Ejected
Address 552 HORSESHOE CIR		City STOCKBRIDGE	State GA	Zip Code 30281			
Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 2	Seating Location Row 2	Seating Location Other 1	
Source of Transport to Medical Facility 2 EMS	EMS Agency Name or ID MIAMI DADE FIRE 19	EMS Run Number 4066839	Medical Facility Transported To RYDER TRAUMA				

PERSON RECORD

Person# 2	Description 3 Passenger	Vehicle # 1	Name WESLEY EMMANUEL BISSAINTHE J	Date of Birth 23/May/2004	Sex 1 Male	Injury Severity 2 Possible	Ejection 1 Not Ejected
Address 20780 NE MIAMI CT		City MIAMI GARDENS	State FL	Zip Code 33179			
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection	Seating Location Seat 1	Seating Location Row 2	Seating Location Other 1	
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID MIAMI DADE FIRE 19	EMS Run Number 4066839	Medical Facility Transported To				

PERSON RECORD

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Person# 4	Description 3 Passenger	Vehicle # 1	Name KELLY NYJALIK	Date of Birth 29/Oct/2004	Sex 1 Male	Injury Severity 2 Possible	Ejection 1 Not Ejected
Address 8400 S. DIXIE HWY #812			City MIAMI			State FL	Zip Code 33143
Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 3	Seating Location Row 2	Seating Location Other 1	
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID MIAMI DADE FIRE 19		EMS Run Number 4066839		Medical Facility Transported To		

PERSON RECORD

Person# 5	Description 3 Passenger	Vehicle # 1	Name LADREAMA EQUOIA ROBERTS	Date of Birth 04/Jul/2003	Sex 2 Female	Injury Severity 2 Possible	Ejection 1 Not Ejected
Address 4549 CLOISTER CIR			City HAMPTON			State GA	Zip Code 30228
Restraint System 2 None Used -Motor Vehicle Occupant	Air Bag Deployed 6 Deployed-Combination	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 2	Seating Location Row 2	Seating Location Other 1	
Source of Transport to Medical Facility 2 EMS	EMS Agency Name or ID MIAMI DADE FIRE 19		EMS Run Number 4066839		Medical Facility Transported To JACKSON NORTH HOSPITAL		

PERSON RECORD

Person# 6	Description 1 Driver	Vehicle # 2	Name JAIME A RODRIGUEZ	Date of Birth 26/Dec/1960	Sex 1 Male	Phone Number 786-357-4219	Re-Exam No
Address 115 SW 42ND AVE APT 304		City CORAL GABLES		State FL		Zip Code 33134	
Driver License Number R362420604660	State FL	Expires 26/Dec/2030	DL Type 5 E/Operator	Req. End. 3 No Req Endorsement	Injury Severity 2 Possible	Ejection 1 Not Ejected	
Restraint System 3 Shoulder and Lap Belt Used	Air Bag Deployed 2 Not Deployed	Helmet Use	Eye Protection 3 Not Applicable	Seating Location Seat 1 Left	Seating Location Row 1 Front	Seating Location Other 1 Not Applicable	
Drivers Actions at Time of Crash (first) 1 No Contributing Action		Drivers Actions at Time of Crash (second)			Driver Distracted By 1 Not Distracted	Vision Obstruction 1 Vision Not Obscured	
Drivers Actions at Time of Crash (third)		Drivers Actions at Time of Crash (fourth)			Drivers Condition at Time of Crash 1 Apparently Normal		
Suspected Alcohol Use 1 No	Alcohol Tested 1 Test Not Given	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use 1 No	Drug Tested 1 Test Not Given	Drug Test Type Drug Test Result
Source of Transport to Medical Facility 1 Not Transported	EMS Agency Name or ID MIAMI DADE FIRE 19		EMS Run Number 4066839		Medical Facility Transported To		

VIOLATIONS

Person# 1	Name RUEBEN ELLIS BAIN	Florida Statute Number 316.1925	Charge CARELESS DRIVING	Citation AIWS0XE
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NARRATIVE

Date of Crash 17/Mar/2024 04:00 AM	Date of Report 17/Mar/2024 04:00 AM	Invest. Agency Report Number FHP24ON0134799	HSMV Crash Report Number 26322510
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ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
1354	TPR	N.M. HERNANDEZ	E	FLORIDA HIGHWAY PATROL	305-470-2500	Mar 18, 2024

Vehicle 1 was traveling northbound I-95 in the outside center lane just north of NW 151 Street. Vehicle 2 was traveling northbound I-95 in the center lane just north of NW 151 Street. Vehicle 1 collided with vehicle 2 right rear with its left front. After the collision with V-2, V-1 started to travel in a northwesterly direction towards the east concrete wall. As a result, V-1's right portion collided with the east concrete wall. After the collision with the east concrete wall, V-1 got redirected and started to travel in a northwesterly direction toward the west concrete wall. Consequently, V-1's left front and left portion collided with the west concrete wall. Vehicle 1 final rest was facing north against the west concrete wall. Vehicle 2 after collision swerved over the right and stopped at final rest on the right paved shoulder facing north.

Name of Deceased : Destiny Betts
Date of Birth : 01/10/2022
Date of Death : 06/13/2024
Time of Death : 10:43 PM
Pronounced By : North Shore Hospice Nurse, Stephany Comanzari
Traffic Homicide Investigator : Corporal Carlos M. Castillo #1156
Traffic Homicide Case Number : FHP24ON0134799
Photos taken by : Trooper Nelvys M. Hernandez #1764

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4169	CPL	CASTILLO	E	FLORIDA HIGHWAY PATROL	305-470-2500	Feb 21, 2025

Updated this report to reflect the correct Injury Severity as per the Crash Data & Records Systems Support email:

Good Afternoon Corporal Castillo,

I am with the Crash Data & Records Systems Support, a unit in the Bureau of Records at FLHSMV. We are required by statute to collect the data from HSMV 90010S crash reports. The data drives legislation, funding, and safety initiatives. We are currently reviewing 2023 fatal crashes, ahead of collecting 2023 data.

Please review the copy of the crash report, 26322510, DOC 3/17/24, as it appears in our files currently. P3, Destiny Betts has an INJURY SEVERITY code 5, FATAL WITHIN 30 DAYS. However, the narrative indicates the date of death was 6/13/2024.

FLHSMV Crash Manual explains that if a death occurs more than 30 days after the crash and is related to the injuries from the crash, the INJURY SEVERITY code should revert to the code assigned on the preliminary crash report. If death was unrelated to the crash, the INJURY SEVERITY code is 6, a NON-TRAFFIC FATALITY.

At your earliest convenience, please make the necessary update to the INJURY SEVERITY code.

Respectfully,
Sigrid Sparmann
CRASH DATA & RECORDS SYSTEMS SUPPORT
Division of Motorist Services, Bureau of Records
Florida Department of Highway Safety & Motor Vehicles

REPORTING OFFICER

ID/Badge # 4169	Rank and Name CPL CASTILLO	Department FHPE	Type of Department FHP
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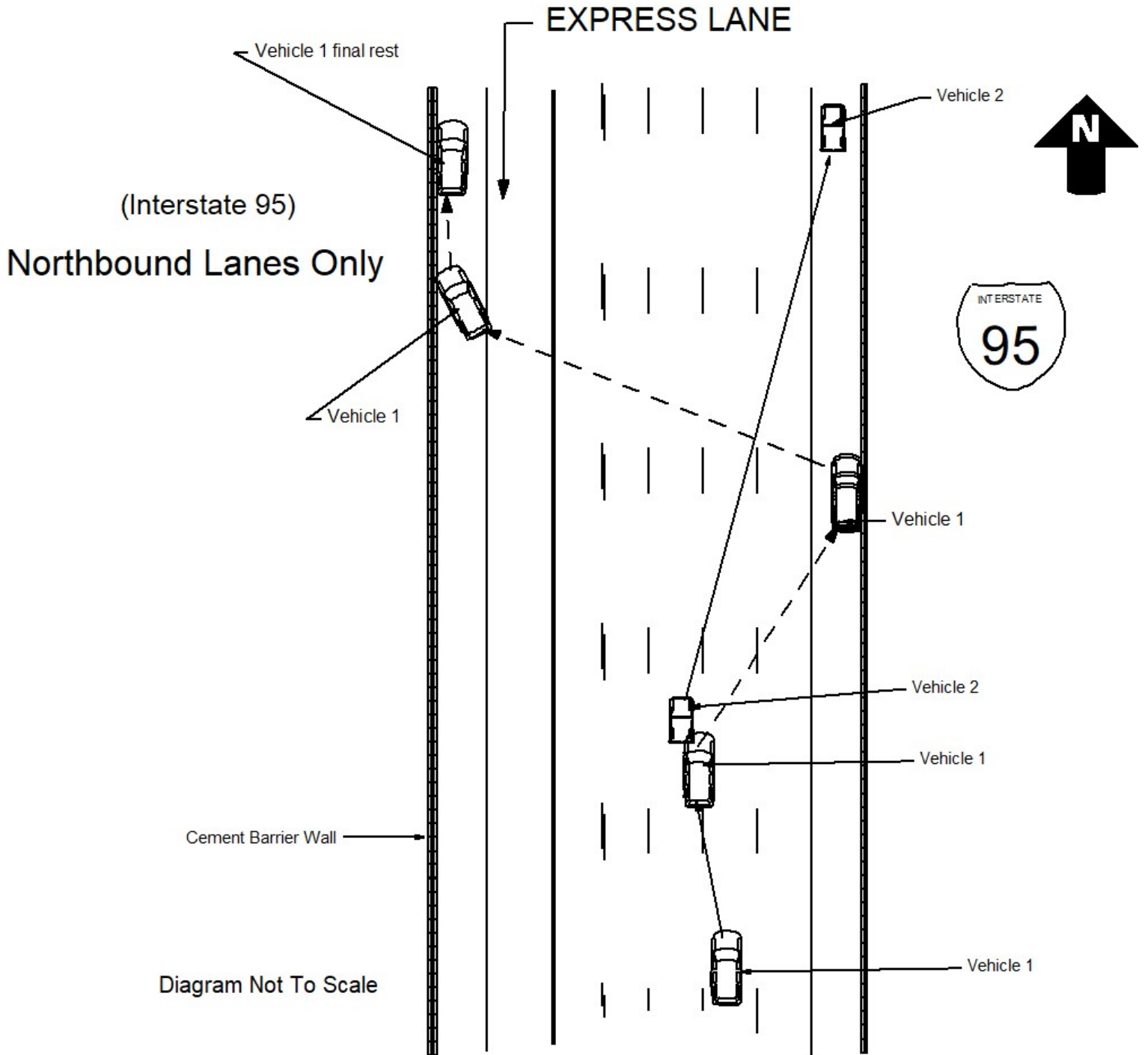


Diagram Not To Scale