Miami, 04/01/2021.

Atención,

National Highway Traffic Safety Administration NHTSA.

Departamento de Seguridad Vial de los EE. UU.

[redacted] Miami F,l [redacted]

SOLICTUD DE APERTURA INVESTIGACION Y PRONUACIAMIENTO COMO ORGANISMO REGULADOR DE LA SEGURIDAD NACIONAL DEL TRAFICO EN LAS CARRETERAS DE LOS EE. UU.

Su Despacho.

REPORTE DE SEGURIDAD

HSMV CRASH REPORT [redacted]

[redacted]

Marca: HYUNDA/SONATA

Matric [redacted]

VIN: 5NPE24AF4 [redacted]

- ***Falla en el Sistema Air Bag*** *- retiro del mercado. / llamado de* ***Garantía Incumplida****.*
- ***Campaña de Servicio 953*** *Mejora del Producto de la lógica de monitoreo del motor de actualización del Ecm y de Cluster./ llamado de* ***Garantía Incumplida.***
- *Concientización en una* **CONDUCCIÓN DEFENSIVA, RESPONSABLE Y ACORDE** ajustada a la ley.

Según los Hechos:

El día 11/01/2020 luego de una Grata cena de Halloween en casa de unas amistades; Solicite por la aplicación LYFT un servicio con destino a mi hogar.

El trayecto fue Normal, un Driver Educado, Gentil y Conversador. Hasta la Intersección de [redacted] address [redacted] **Miami, Florida.**

Lo poco que recuerdo es sentir como un Fuerte Espasmo de lado izquierdo de mi Cuerpo, un fuerte golpe en mi cabeza de lado Derecho contra el marco de la puerta Interna, los ojos del Driver Viéndome por el retrovisor al momento del Impacto venía hablándome, Segundos antes de un semáforo en Verde inmediato de un cambio de luz Roja.

Una intercesión muy transitada y peligrosa, por las continuas Colisiones; Donde no hubo una debía precaución para al momento del cruce por parte del chofer representante de LYFT.

No se realizó por parte de Driver las comprobaciones de Ley según los estipula el Departamento **FLHSMV** Expresa la ley ***INDEPENDIENTE DE LO QUE INDIQUEN LAS SEÑALES O LETREROS*** Realice estas Comprobaciones y ajuste en consecuencia, **INCLUSO SI TIENE DERECHO AL PASO.**

¨Cabe resaltar la connotación Explicita de la ley a la cual hago referencia para saber así, ilustrar mejor la cadenas de evento que finalizo como Resultado en el desenlace del Accidente al cual se hace refereferencia¨

Entre las recomendaciones para cerrar este capítulo encontramos:

- Más accidentes ocurren en las intersecciones que en ningún otro lugar. Tenga cuidado al acercarse a cualquier intersección camino de entrada privado.

- Mire hacia ambos lados y esté listo para frenar o parar. (acto que fue ignorado de lo contrario el [redacted] fuese visualizado el que carro nos Impactó considero que es [redacted] algo de lógica, el no tenía la vista sobre la vía ya que la misma se encontraba direccionada hacia el retrovisor. **Conducción Distraída**

- Tomando como referencia el Croquis Policial, solo marca el punto de impacto mas no el [redacted] **deslizamiento a consecuencia del impacto,** reafirma mi posición de que el [redacted] ue Negligente al momento del Cruce de la Intercesión, Debido:

  1) No aplico comprobaciones de Seguridad para el paso de la intercesión en condiciones Seguras, como se Expresa el Croquis Policial:
     El vehículo había Recorrido ¼ parte del Canal frontal, habiendo oportunidad de un frenado de emergencia. El cual se Ignoró evidenciando por la ubicación del Impacto en la parte Trasera del Vehículo que sustenta que el Driver tenía al 100% la visión periférica para realizar la comprobación para un Cruce en forma segura dándole validez a dicha Teoría, de lo contrario el Impacto fuese sido en la parte Delantera del

vehículo, donde existe el punto Ciego de la Intersección y es limitada la visualización por parte del chofer.
Dicha visualización se vio Bloqueada debido a que el Driver en Su conversación mantenía su mirada por el retrovisor limitando al 100% su visión Lateral por la Ubicación donde venia Sentado.

- En la cadena de Eventos se suma un factor que agrava considerablemente mi actual [redacted] condición de salud el **sistema de Airbag** jamás se activó, hecho que causó curiosidad [redacted] funcionario de la policía [redacted] **Police Departe.**
  El cual reporto en la declaración correspondiente.

La empresa Greenwich Seguros Representante de LYFT y su departamento de ajustadores de una forma soez, tosca, abrupta dan fe **DETERMINANTE.**

De una posición Inválida y fuera de ley, Adjudicando la Figura de CHOFER SIN CULPA al Driver de la Empresa eximiéndolo de su Responsabilidad de forma irresponsable.

Por más que representantes del Departamento de finanzas les comunicaba: **QUE EL REPORTE POLICIAL ES USADO COMO REFERENCIA, MAS NO COMO DETERMINACION DE ALGÚN TIPO DE ACCIÓN,** ellos decidían mantener posición Negando mi derecho a un Reclamación de una forma arbitraria, no ajustada a los principios fundamentales del Seguro.

Atropellando las Instituciones eh irrespetando primero que todo al organismo encargado de regular la materia de seguros, **Departamento de Servicios Financieros** como representante, [redacted] órgano Arbitrador, regulador, conciliador de la materia, el cual buscaba una resolución amigable # [redacted] ntre ambas partes.

Por tal Motivo Ajustado a hecho y Derecho, como ocupante del vehículo, más aún como lesionado del mismo; Mantengo posición irrevocable de la verdad; Verdad que solamente el [redacted] **mi persona ocupantes vehículo para el momento del accidente Podemos Expresar y dar Fe de lo Vivido dentro del Automóvil HYUNDA SONATA en función de traslado Activo de la empresa LY** [redacted] **en su plataforma RIDESHARE.**

Reafirmo que la conducta del Drive [redacted] ue inadecuada, insegura y [redacted] Negligente según lo que establece los estatutos de seguridad estatales y federales, PARA LA SEGURIDAD EN LAS CARRETERAS DE LOS EE. UU

Por consiguiente, no fue precavido para el momento del cruce de la referida Intercesión, por más que el cambio **inmediato** de LUZ ROJA-LUZ VERDE ESTUVIESE A SU FAVOR.

No ejecutando una **CONDUCCIÓN DEFENSIVA, RESPONSABLE Y ACORDE,** para así minimizar los Riesgos de colisión en los pasos de intercepciones.

Historial Determinante y Fundamento:

- **HYUNDAI MOTOR COMPANY (HYUNDAI SONATA 2016)**

Retiro de Mercado 10/14/2016 Numero de Recuperación 16v615000 fecha de recuperación 08/24/2016

Componente: Air Bag Ciertos vehículos Sonata del año 2016 los vehículos afectados tienen una bolsa de aire frontal del lado del conductor que puede no proteger adecuadamente el cuello del conductor de lesiones en caso de un choque.

Como tal estos vehículos no cumplen con los requisitos de la Norma federal de Seguridad de vehículos motorizados (FMVSS) numero 208 protección contra accidente de los Ocupantes.

- Verificación Número Vin nro. 5NPE24AF4GH[redacted]
- Hyundai Sonata 2016
- [redacted]

HISTORIAL HYUNDA SONATA.

VIN. 5NPE24AF4GH[redacted]

Registro 3 Accidentes de los cuales:

1 ero - En manos de su primera dueña, Ninoska Alexandra Mateo, de fecha 01/17/2017 Reporte [redacted] rash repor[redacted]

se evidencia No despliegue del **Sistema Air Bag.**

****** Traspaso de compra de compraventa a nombre del** [redacted]

2. do Accidente de fecha 07/25/2019 Reporte [redacted] crash repor[redacted]

Se Evidencia No despliegue del **Sistema Air bag.**

Llamado de Revisión por Garantía** Campaña de Servicio 953 Hyundai Sonata VIN # 5NPE24AF4G[redacted]mpaign Description. Mejora del Producto de la lógica de monito[redacted]del motor de actualización del Ecm y del Clúster**

**** Estatus INCOMPLETO****

Responsabilidad de ejecución: Atención. Sr. Juan Carlos Santana

Driver name

Notificación Casa MATRIZ HYUNDAI

3. er Accidente fecha 11/01/2020 Reporte [redacted] crash Repor[redacted]

Se Evidencia No despliegue del **Sistema Air bag.** [redacted]

Justamente 465 días después del Segundo accidente del vehicula **HYUNDAI SONATA** en manos del [redacted] endo este el Segundo en un término Corresponde a 1 año, 3 meses y 7 días donde no se buscó reparar el dispositivo de Airbag por parte de [redacted] [redacted]

Incumplió en los llamados de garantía por Parte de HYUNDA demostrando la **IRRESPONSABILIDAD y NEGLIGENCIA** por parte Dueño del Vehículo para mantener en óptimas condiciones las actualizaciones de Seguridad y llamado por parte de su departamento, el cual se hace Garante y responsable del Cumplimiento expreso de dichos llamados.

Hecho notorio y evidente que e[redacted] tenía conocimiento que el Sistema de Airbag no funcionaba en su Vehículo para el cual prestaba los Servicios de la Empresa LYFT; Sin Embargo, de forma IRRESPONSABLE/CRIMINAL. [redacted]

No Busco subsanar Dichas fallas aun siendo estas cubiertas por la Garantí[redacted] HYUNDAI.

Es importante Reseñar que una aptitud segura al momento de conducir nos ayuda a minimiza los riesgos en las carreteras, asumiendo actitudes de forma segura frente al volante.

En referencia a la empresa **GREENWICH INSURANCE COMPANY** solo la humildad, nos hace aprender de nuestros errores Y de esos errores sus enseñanzas.

Errar es de un humano, recapacitar es sabio...

Agradecido con Ustedes y los departamentos involucrados en la resolución de dicha diferencia.

Se Despide atentamente.

[redacted]

NHTSA

Buscar vehículos

Herramienta de comparación d

2016
HYUNDAI SONATA
4 DR FWD

5

INVESTIGACIONES2

[redacted]

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [ ]

(Electronic Version)

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

Date of Crash	Time of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
01/Nov/2020 05:30 AM	01/Nov/2020 05:30 AM	01/Nov/2020 12:00 AM	[redacted]	[redacted]

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Time Reported	Time Dispatched
01	66	MIAMI-DADE	MIAMI	Yes	01/Nov/2020 05:37 AM	01/Nov/2020 06:09 AM

Time on Scene	Time Cleared Scene	Completed	Reason (if Investigation NOT Completed)	Notified By
01/Nov/2020 06:16 AM	01/Nov/2020 09:00 AM	No	HIT & RUN	Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway	At Street Address#	At Lattitude and Longitude
[redacted]		

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost #
		North	[redacted]	

Road System Identifier	Type Of Shoulder	Type Of Intersection
1 Interstate	1 Paved	2 Four-Way Intersection

CRASH INFORMATION (Check if Pictures Taken) [ ]

light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner Of Collision
4 Dark-Lighted	3 Rain	2 Wet	1 No	3 Angle

First Harmful Event Type	First Harmful Event	First Harmful Event Location	Within Interchange	First Harmful Event Relation to Junction
	14	1 On Roadway	No	2 Intersection

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
1 None		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
1 None		

Work Zone Related	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone
1 No				

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
2	1 Vehicle in Transport	1 No	[redacted]	FL	14/Feb/2021		5NPE24AF4GH[redacted]

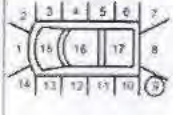
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2016	HYUN	SONATA	4D	RED	Disabling	1000	Yes	NU-WAY	Rotation

Insurance Company	Insurance Policy Number
UNITED AUTOMOBILE INSUR	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] [ ]	[redacted]	MIAMI FL	[redacted]

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	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	West	[redacted]	30	30	2

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
			

Comm GVWR/GCWR	Trailer Type (trailer one)	Trailer Type (trailer two)
4 Not Applicable		

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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	1 Passenger Car	1 None		1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	1 Two-Way, Not Divided	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
1	1 Vehicle in Transport	2 Yes					

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
	UK	UNKNOWN	UNKNOWN	UNKNOWN	Unknown		No		

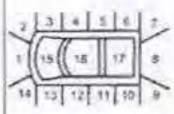
Insurance Company	Insurance Policy Number

Date of Crash	Date of Report	Investigating Agency Case Number	Agency Crash Report Number
01/Nov/2020 05:30 AM	01/Nov/2020 05:30 AM	[redacted]	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
UNKNOWN UNK UNK ☐	UNK	UNK UK	000000000

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

Comm GVWR/GCWR	Trailer Type (trailer one)	Trailer Type (trailer two)
4 Not Applicable		

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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	88 Unknown	88 Unknown	88 Unknown	88 Unknown	88 Unknown

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
88 Unknown	1 Two-Way, Not Divided	1 Level	1 Straight		

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
1	1 Driver	1	UNKNOWN UNKNOWN				

Address	City	State	Zip Code

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
						88 Unknown

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
				1 Left	1 Front	

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
		88 Unknown	

Drivers Actions at Time of Crash (third)	Drivers Actions at Time of Crash (fourth)	Drivers Condition at Time of Crash
		88 Unknown

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
88 Unknown					88 Unknown			

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
88 Unknown			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
2	1 Driver	2	[redacted]	[redacted]	[redacted]	[redacted]	No

Address	City	State	Zip Code
[redacted]	MIAMI	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	[redacted]	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed			1 Left	1 Front	

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
1 No Contributing Action		1 Not Distracted	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	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No					1 No			

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
3	3 Passenger	2	[redacted]	[redacted]	1 Male	1 None	1 Not Ejected

Address	City	State	Zip Code
[redacted]	MIAMI	FL	[redacted]

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed			3	2	1

Date of Crash	Date of Report	Invest. Agency [redacted]	Form Crash Rep [redacted]
01/Nov/2020 05:30 AM	01/Nov/2020 05:30 AM		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

NARRATIVE

I was dispatched to [redacted] in reference to a hit and run. Upon arrival, I made contact with the owner/driver of vehicle #2. Driver of vehicle #2 stated he was heading westbound on [redacted] Driver #2 stated he was approaching the intersection and noticed that the traffic light was green and proceeded through the intersection when vehicle #1 ran the traffic light and collided with his vehicle. Driver of vehicle #1 fled the area without properly identifying himself and or exchanging vehicle information. Driver #2 couldn't give me a description of vehicle #1. Driver #2 stated that at the time of the crash he was a Lyft driver on duty and was transporting a customer/witness inside his vehicle #2.

Witness stated that he got a Lyft driver via the Lyft application on the cell phone and driver #2 showed up and pick him up. Witness stated that driver #2 was heading westbound on [redacted] approaching the intersection of [redacted] when vehicle #2 ran the traffic light and hit vehicle #2. Witness couldn't give a description of vehicle #1. Witness stated that he was having minor back pain. I asked if he wanted fire rescue but refused.

I canvassed the area for CCTV and found two cameras on the intersection belonging to two business. La Taqueria restaurant located at [redacted] phone number [redacted] and Primal Fit Miami located at [redacted] phone numbe[redacted]

Vehicle #2 was towed by Nu-way towing and case card was issued.

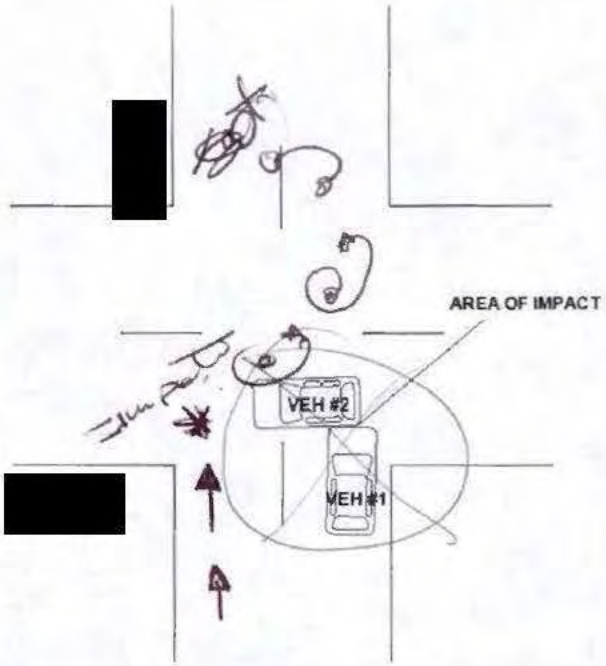
REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
43162	OFC A. GARCIA	MIAMI POLICE DEPARTMENT	PD

Date of Crash	Date of Report	Invest. Agency	Form Crash Rpt
01/Nov/2020 05:30 AM	01/Nov/2020 05:30 AM	[redacted]	[redacted]

N

NOT TO SCALE



Por Favor Ver
Fotos agregadas

El Carro dio Vueltas

20201101_061834.jpg

/Almacenamiento interno/DCIM/Camera

4.43 MB 4032x3024

8200 NE 2nd Ave, Miami, FL 33138, EE. UU.

Etiqueta automática

Automóviles Personas Retratos

Samsung SM-G975U

F1.5 1/39 s 4.30mm ISO 400

Balance de blancos Autom. Sin flash

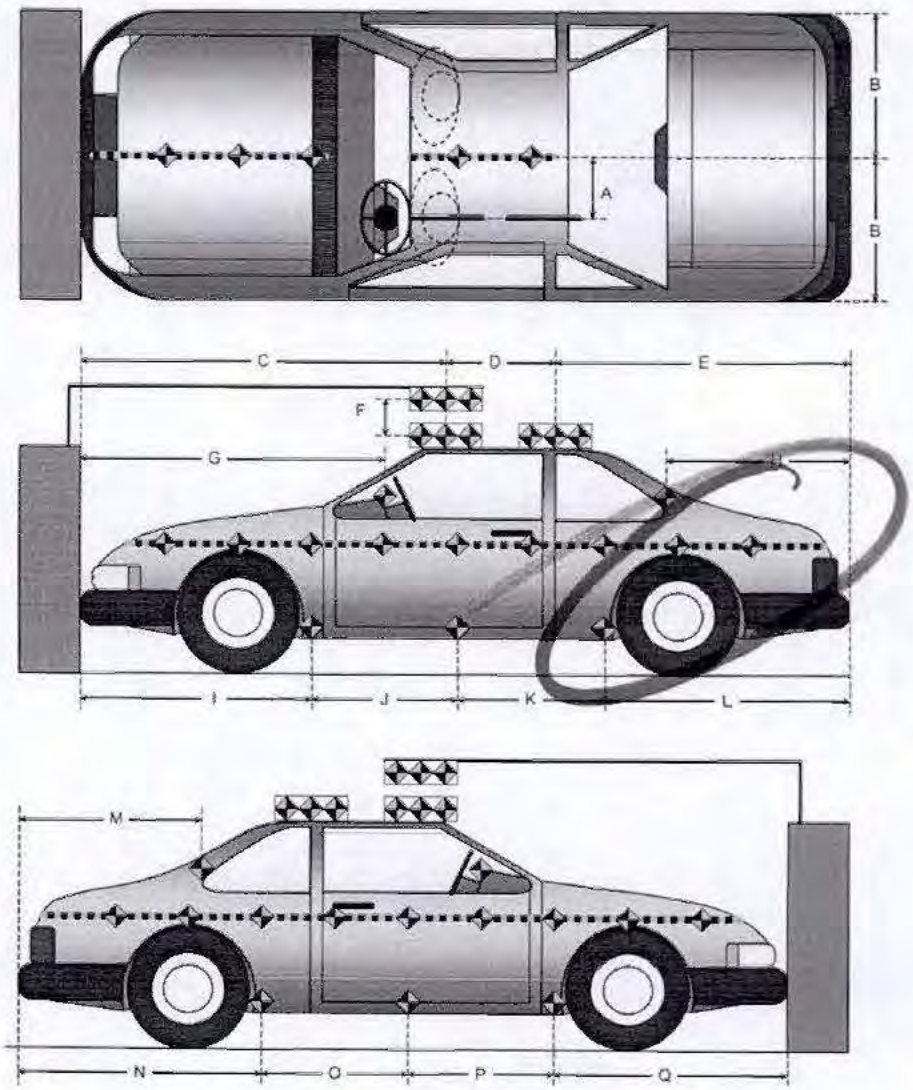

SPEED LIMIT
40
Stop
car.

DATA SHEET NO. 8
PHOTOGRAPHIC REFERENCE TARGET LOCATIONS

Test Vehicle: 2015 Hyundai Sonata SE 4-Dr Sedan
Test Program: NCAP Frontal Barrier Impact Test

NHTSA No.: O20154203
Test Date: 7/23/2014

Item	Value (mm)
A	377
B	910
C	2370
D	614
E	1886
F	329
G	
H	1340
I	1394
J	979
K	979
L	1512
M	1340
N	1512
O	979
P	979
Q	1394



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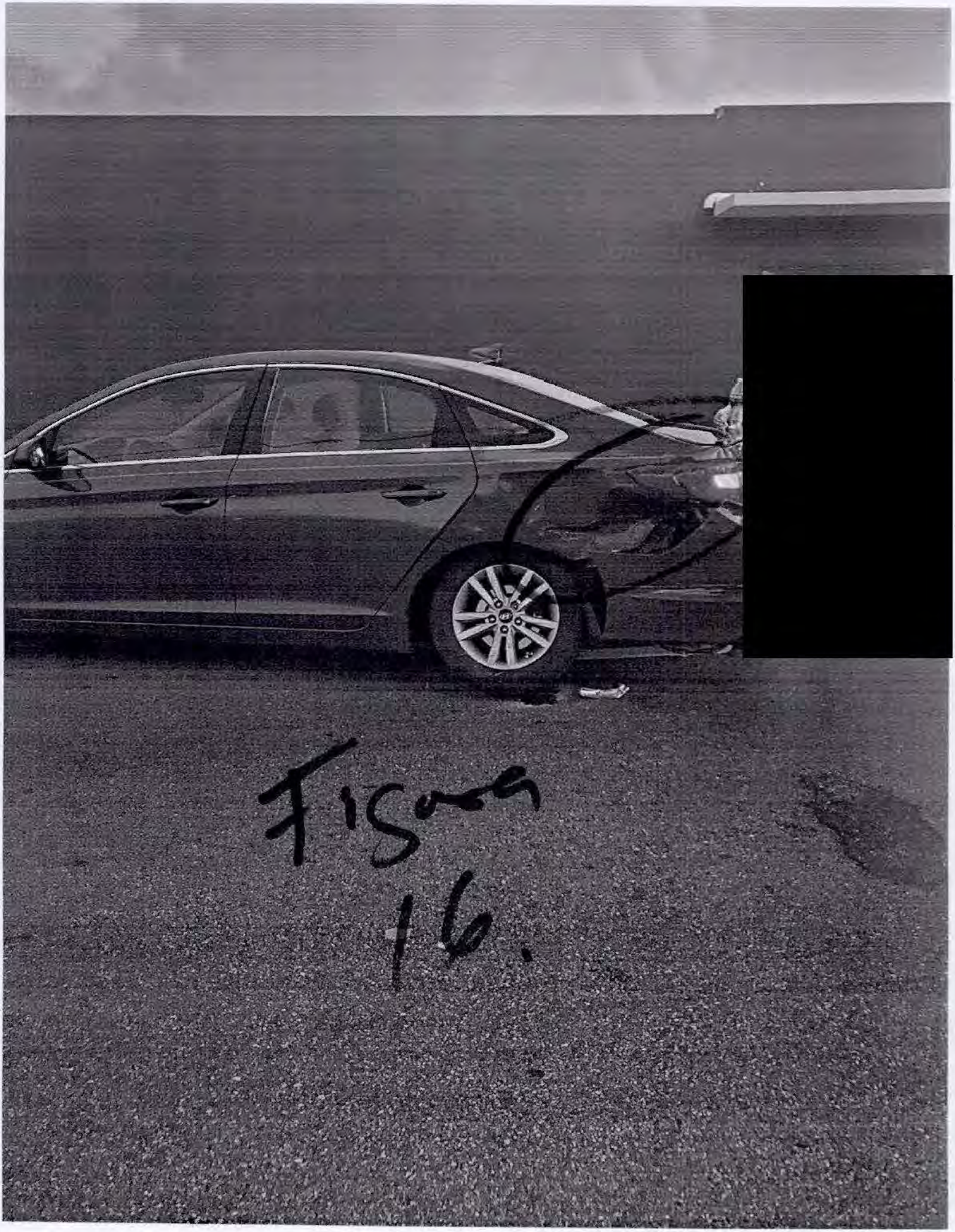
Tison
16.

[redacted]

Department of Financial Services
Bureau of Consumer Assistance
Post Office Box 6100
Tallahassee, Florida 32314-6100

Please note, there is a $100.00 fee for automobile mediation. Please enclose this fee with your completed form. The other party will be invoiced $100.00.

Thank you for the opportunity to be of assistance. For additional information on insurance or financial matters, please visit us on the web at www.myfloridacfo.com/Division/Consumers. If you would prefer, you can speak to one of our Insurance Specialists by calling our Consumer Helpline at 1-877-693-5236 between 8:00 am and 5:00 pm EST.

Sincerely,

Diana Quinones

To protect the privacy of individuals, NHTSA does not make medical records available to the public without authorization. For this reason, documents falling into this category have not been included in this complaint record.

Automobile Claims Mediation Program

The Department of Financial Services assists consumers who are having trouble getting automobile or personal property insurance claims resolved. DFS has established special programs to help resolve these claims disputes. These mediation programs bring consumers and insurance companies together in informal settings with trained mediators.

What Is Mediation?
Mediation is a process during which a **neutral third party** helps you and your company reach an agreement you both can live with.

Please note: Mediation is non-binding. Neither you nor the insurance carrier is legally obligated to accept an offer that either party doesn't like. Even if you settle at the mediation, you have three business days to change your mind, as long as you don't cash the settlement check during that time. If you change your mind during the three days, you must inform the company of your decision.

Mediation Is Not The Same As Arbitration
An **arbitrator** makes a binding decision as to how the dispute must be solved. A **mediator** will not make the final decision.

In order to help all parties express their points of view in a non-threatening way, the mediator may meet privately and individually with you or representatives of your insurance company. The most important part to remember about participating in mediation is that you have a chance to explain what you believe you are entitled to under your insurance policy.

Who Are The Mediators?
They are persons approved by DFS and/or court appointed. A mediator must have a master's or doctoral degree in psychology, counseling, business, accounting or economics, be a member of the Florida bar, be a licensed certified public accountant or have been actively engaged as a qualified mediator for at least four years prior to July 1, 1990. Mediators must complete a prescribed course of study in mediation theory and process, and successfully complete a DFS examination.

Does Going To Mediation Mean I Can't Go To Court Or Participate In Other Dispute Resolution Procedures?
No. If the mediation is unsuccessful, you can use whatever options were available to you if you had not gone to mediation.

Will Anything I Say At Mediation Be Used Against Me Later If The Mediation Is Unsuccessful?

No. The mediation conference is considered a settlement negotiation where nothing you say can be used against you in any later proceedings.

Who Is Eligible For This Program?
Anyone filing a claim with an insurer for bodily injury in an amount of $10,000 or less, or filing a claim for property damage in any amount that arises from the ownership, operation, use or maintenance of a motor vehicle may demand mediation any time before filing suit. The insurance company may also demand mediation.

Both first-party claims (claims against an insurance company) and third-party claims (claims against another company) may be brought to mediation. The terms and conditions for mediation must be specified in the insurance contract, with regard to first-party claims.

What Are The Costs And Time Involved?
The cost of this mediation is divided equally between the parties, unless the mediator determines that one or more of the parties had acted in bad faith. The mediation's total cost is $200, regardless of how long it takes. Typically, a case lasts two hours.

Who Selects The Mediator?
DFS randomly selects the mediator. Each party has one "strike" to reject the selected mediator, either before or after the other side has exercised its "strike." A "strike" is an opportunity to reject a mediator.

Who Should Attend And What Should Be Brought To The Conference?
Anyone who has an interest in the dispute, as well as the insurance company representative, should attend the mediation conference. A spouse, friend or family member may also attend. Lawyers are optional. Those who don't speak English should furnish translators.

You should bring all documents relating to your claim, including the complete policy, photographs, estimates, bills, reports, letters and other papers. It is important to bring specific dollar estimates or quotes for all claims items that are in dispute.

When And Where Will The Conference Be held?
The mediator will notify all interested parties of the date, time and place of the mediation conference. The conference normally will be held in the DFS Service Office that services the county where the requesting party resides, unless all parties agree to a different location.

Gmail [redacted]

Atención Sr Jimmy[SR# [redacted] Filed with the Florida Department of Financial Services

6 mensajes

[redacted]
Para: CFO Patronis@myfloridacfo.com 12 de enero de 2021, 1:39

Buenas noches recibi [redacted] valiosa colaboracion en referencia. El dia 11/01/2020 Solicite un servicio de LY [redacted] que me asigno el sistem [redacted] úmero de licenc [redacted] cha de nacimier [redacted] dres [redacted] trayectoria del ride venia normal hasta la 8200nc 2da av, el semáforo cambio de rojo a verde cuando se estaba aproximando a la intercesion el chofer del vehiculo fue negligente por dos factores determinantes en el accidente que aconteció ese dia: 1) No redujo la velocidad para el cruce de la intercesión, ignorando que el cambio a verd [redacted] lógica te da entender debes mirar y reducir la velocidad del trafico que nos esta dando el paso, con la luz verde. Además se suma al evento que e [redacted] hantenia una conversación con mi persona y me veía viendo por el retrovisor del automóvil. Su mirada en ese momento no estaba sobre la parte front [redacted] ni de los lados del vehiculo. Acto seguido senti como una explosión,un fuerte impacto en mi cabeza y de allí no recuerdo absolutamente nada. El sistema de air bag jamas se activo. Cuando caigo en razón el estaba en la esquina buscando quien nos habia chocado, lamentablemente se fue a la fuga y ni el, ni yo vimos quien nos impacto, yo venia entre dormido. Desde ese accidente mi vida cambio por completo, tengo dos lesiones pequeñas en mi cerebro que hacen que tenga perdida temporal de mi memoria, tengo una lesión en la cervical que agraba mi situación cerebra, tengo una lesión en la columna siento mucha tristeza eh impotencia por lo que estoy pasando. Solamente el tiempo sabe. Cuanto tardará mi cerebro en sanar, sin contar las 3 semanas siguientes al accidente que fueron [redacted] una Negligencia Comparativa debido a que ambos tienen responsabilidad sobre el accidente. El que nos choco porque ejerció el daño y se fugo. Y e [redacted] chofer de la empresa el cual me prestaba servicio en esa mañana según los estatus al departamento que usted representa en lo que refiere CATEGORÍA DE DISTRACCIÓN DEL CONDUCTOR:VISUAL POR QUE QUITO LOS OJOS DE LA CARRETERA Y COGNITIVO POR QUE PENSABA EN OTRA COSA QUE NO ERA CONDUCIR. ". La Ley de Comunicaciones Inalámbricas Mientras Conduce, sección 316.305 de los Estatutos de la Florida, entró en vigencia el 1 de julio de 2019. Esta nueva ley requiere que los conductores no usan sus teléfonos y se centren en la conducción.Manejar distraído significa conducir un vehículo mientras se realiza otra actividad que aleja su atención de la conducción. La distracción al manejar puede aumentar las probabilidades de que ocurra un choque vehicular.""Otras distracciones comunes incluyen: atender a los niños o pasajeros en el asiento trasero, comer, ver un evento fuera del vehículo,(interactuar con pasajeros), mascotas sin garantía, maquillarse o arreglarse, ajusar los [redacted] o sistema de GPS e incluso soñar despierto."" Como el mismo expreso en el reporte policial levantado por el oficial [redacted] eda en evidencia los factores determinantes en este accidente donde me vi involucrado: NEGLIGENCIA Y DISTRACCION POR PARTE DEL CHOFER tanto así que el no se percato del carro que nos impacto, pero tampoco visualizo la intercesión que estábamos por cruzar. El dia de boy de una forma grosera y hostil el departamento de ajustadores de la empresa de seguro greenwich que mi indemnización estaba rechazada por que su chófer es catalogado como Chófer Sin Culpa no se, de donde saca esa presuncion la Señorita que me atendió. Ya que tanto el Departamento de Policía de Miami como el Departamento de finanzas de [redacted] ocasiones le ah informado a esta empresa que el reporte Policía es solo usado como referencia, ya que los involucrados en el accidente somos e [redacted] persona que me encuentro lesionado; con una lesión catastróficas que solo el tiempo sabe. Cuando [redacted] ida su pronunciamiento e investigación sobre este accidente HSMV CRASH REPORT NUMBER [redacted] Filed with the Florida Department of Financial Services"" Me despido atentamente, [redacted]

Your customer confirmation number is [redacted]

Your comment or information was forwarded to the Customer Service Center, and is currently being processed.
We will contact you with a response within the next two scheduled work days. If you do not see a message from us in your in-box, then please check your 'junk e-mail' folder, your email program may think our message is spam. The address we are sending from is "Do_Not_Reply@flhsmv.gov"

Return to the Department of Highway Safety and Motor Vehicles Home Page

El lun., 28 de diciembre de 2020 4:09 p. m., <servicepoint@myfloridacfo.com> escribió:
[redacted]]

Thank you for contacting the Florida Department of Financial Services regarding your insurance concerns. The Service Request Number assigned to your file is:

[redacted]

In an effort to bring your matter to resolution, we have contacted GREENWICH INSURANCE COMPANY. Pursuant to s. 624.307(10)(b), Florida Statutes, insurance companies are allowed 20 days from the date we contacted them to respond to inquiries made by the Department of Financial Services. In order to allow time for us to review all information provided, we respectfully request that you allow up to 30 days to complete the handling of your request.

If you have supporting documentation that you would like to add to your file, you may do so by replying to this e-mail and adding the attachments to your response. When replying, please do not change the information in the subject line.

Please be advised that the information provided to the Department of Financial Services becomes a public record and is subject to a public record request. Before the documents leave the Department, personal information such as social security numbers, financial information, your name and contact information or health information is removed from the document.

Sincerely,
Diana Quinones
Government Analyst I

Division of Consumer Services

Florida Department of Financial

5 adjuntos

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1808K

Screenshot_20201221-170847_Drive.jpg
163K

Screenshot_20201221-170650_Drive.jpg
579K

Screenshot_20210106-131406_Gmail.jpg
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Screenshot_20201221-170645_Drive.jpg
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[redacted]

Para: selfinsurance@flhsmv.gov

24 de marzo de 2021, 3:29

Buenos dias,
Reciban cordiales saludos, le escribo para solicitar su ayuda.
Creo que son los mas indicado en guiarme los pasos a seguir, ya les eh enviado email. Pero la respuesta es de forma automática, Adjunto la informacion de la consulta.

Un abrazo, bonito dia.
[El texto citado está oculto]

---

5 adjuntos

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Screenshot_20201221-170645_Drive.jpg
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Delp, Pilar <PilarDelp@flhsmv.gov>
Para: "Diana.Quinones@myfloridacfo.com" <Diana.Quinones@myfloridacfo.com>
Cc: SelfInsurance <SelfInsurance@flhsmv.gov>, [redacted]

24 de marzo de 2021, 9:12

Hello Ms. Quinones,

It appears that this email is intended for you. [redacted] is disputing the determination made by the Greenwich Insurance Company. Our agency does not have authority over insurance companies or how claims are handled.

Sincerley,

Pilar Delp
Senior Highway Safety Specialist
Bureau of Motorist Compliance
FLHSMV

Leaders in Service - Agents of Progress - Champions for Safety

[El texto citado está oculto]

5 adjuntos

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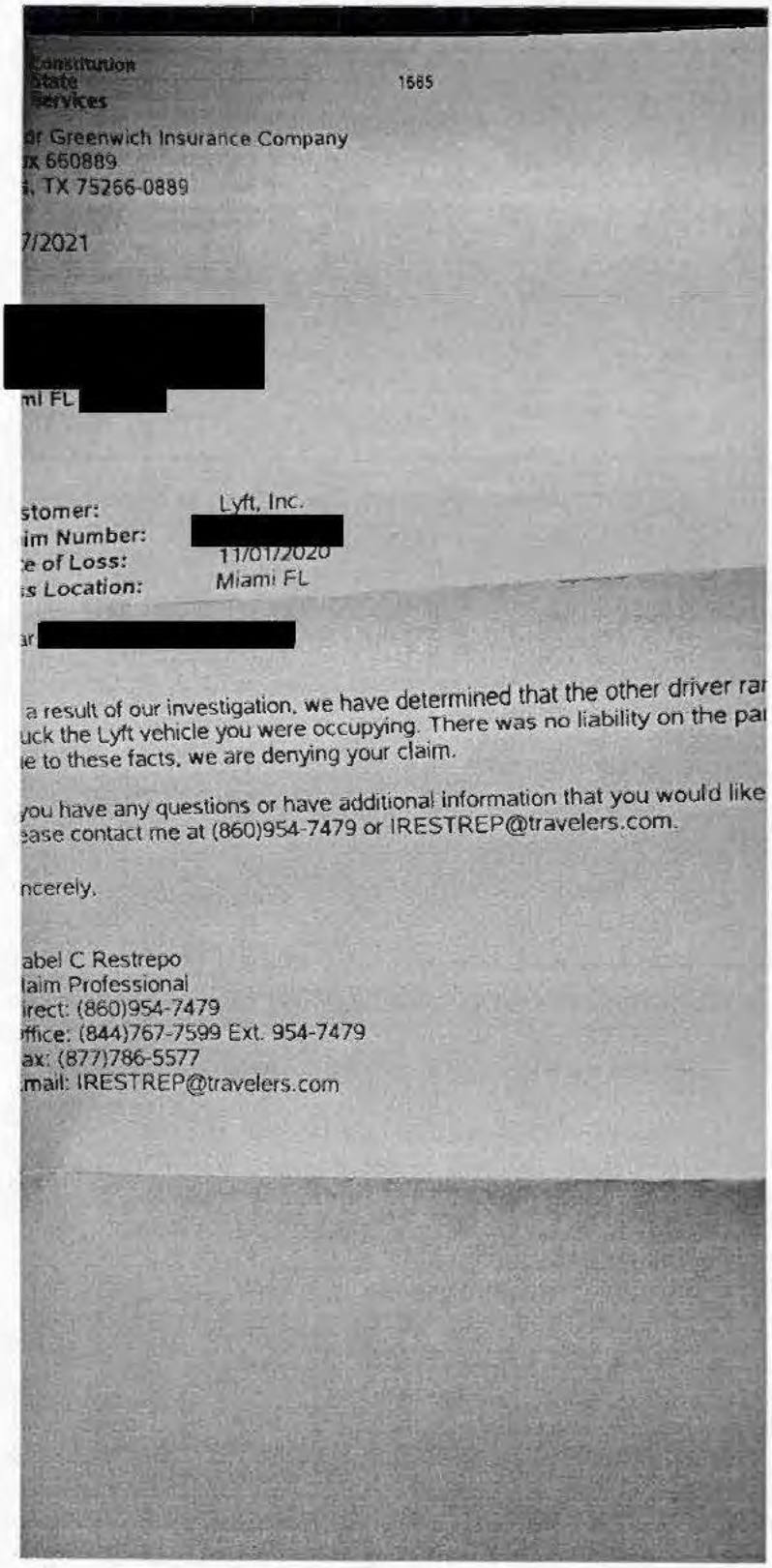


Constitution
State
Services

1685

or Greenwich Insurance Company
x 650889
, TX 75266-0889

7/2021

[redacted]

mi FL [redacted]

stomer: Lyft, Inc.
im Number: [redacted]
e of Loss: 11/01/2020
s Location: Miami FL

ar [redacted]

a result of our investigation, we have determined that the other driver ra
uck the Lyft vehicle you were occupying. There was no liability on the pa
e to these facts, we are denying your claim.

you have any questions or have additional information that you would like
ease contact me at (860)954-7479 or IRESTREP@travelers.com.

ncerely,

abel C Restrepo
laim Professional
irect: (860)954-7479
ffice: (844)767-7599 Ext. 954-7479
ax: (877)786-5577
mail: IRESTREP@travelers.com

REPORT NUMBER: [redacted]

NEW CAR ASSESSMENT PROGRAM (NCAP)
Frontal Barrier Impact Test

HYUNDAI MOTOR MANUFACTURING ALABAMA, LLC
2015 Hyundai Sonata SE 4-Dr Sedan
NHTSA No.: O20154203

MGA RESEARCH CORPORATION
5000 Warren Road
Burlington, WI 53105

Test Date: July 23, 2014

Final Report Date: August 18, 2014

FINAL REPORT

U.S. DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration
Office of Crashworthiness Standards
Mail Code: NVS-111
1200 New Jersey Ave, SE
Room W43-410
Washington, DC 20590

October 2, 2020

NHTSA ID NUMBER: 11362438

Components:

NHTSA ID Number: 11362438

Incident Date October 2, 2020

Consumer Location ALEXANDRIA, VA

Vehicle Identification Number KMHE34L15GA****

Summary of Complaint

CRASH No **FIRE** No **INJURIES** 0 **DEATHS** 0	WITH THE HEADLIGHTS SET TO AUTO, WHEN USING USING THE TURN SIGNAL THE HEADLIGHT TURN OFF OCCASIONALLY. THIS HAPPEN MORE OFTEN WHEN SIGNALING RIGHT TURN OR LAIN CHANGES. LINK TO VIDEO THE FILE IS TO LARGE TO UPLOAD. THIS HAPPENS DAILY NOW. HTTPS://YOUTU.BE/-GOIGZ3TBHY

1 Affected Product ▾

Request Research (Services fees apply)

October 2, 2020

NHTSA ID NUMBER: 11362438

Components:

NHTSA ID Number: 11362438

Incident Date October 2, 2020

Consumer Location ALEXANDRIA, VA

Vehicle Identification Number KMHE34L15GA****

Summary of Complaint

CRASH No	WITH THE HEADLIGHTS SET TO AUTO, WHEN USING USING THE TURN SIGNAL THE HEADLIGHT TURN OFF OCCASIONALLY. THIS HAPPEN MORE OFTEN WHEN SIGNALING RIGHT TURN OR LAIN CHANGES.
FIRE No	
INJURIES 0	
DEATHS 0	LINK TO VIDEO THE FILE IS TO LARGE TO UPLOAD. THIS HAPPENS DAILY NOW. HTTPS://YOUTU.BE/-GOIGZ3TBHY

1 Affected Product ▾

Request Research (Services fees apply)

2016

Hyundai SONATA

VIN: 5NPE24AF4

Recall data refreshed on Jan 12,2021

0 Unrepaired Recalls

associated with this VIN

What if my car isn't recalled now? Could it be recalled later?

Yes. Whether a manufacturer independently conducts a safety recall or NHTSA orders one, the manufacturer must file a public report describing the safety-related defect oncompliance. Manufacturers are also uired to notify owners by mail within 60 days of notifying NHTSA of a recall

Actualmente hay 5 retiradas para su vehículo. Cambiar vehiculo

Retiros del mercado de seguridad de vehículos de la NHTSA

Número de recuperación
16V232000

Fecha de recuperación
21/04/2016

Componente
BOLSAS DE AIRE: FRONTALES

Resumen
Hyundai Motor Company (Hyundai) está retirando del mercado ciertos vehículos Sonata del año 201[illegible] 2016 fabricados del 29 de mayo de 2014 al 11 de [illegible]

Número de recuperación
16V615000

Fecha de recuperación
24/08/2016

Componente
BOLSAS DE AIRE

Resumen
Hyundai Motor Company (Hyundai) está retirando del mercado ciertos vehículos Sonata del año 2016 fabricados del 28 de marzo de 2016 al 12 de abril de 2016. Los vehículos afectados tienen una bolsa de aire frontal del lado del conductor que puede no proteger adecuadamente el cuello del conductor de lesiones en caso de un choque. Como tal, estos vehículos no cumplen con los requisitos de la Norma federal de seguridad de vehículos motorizados (FMVSS) número 208, "Protección contra accidentes de los ocupantes".

Consecuencia
Una bolsa de aire frontal que no protege adecuadamente el cuello del conductor puede aumentar el riesgo de lesiones en caso de accidente.

Qué deben hacer los propietarios
Hyundai notificará a los propietarios y los concesionarios reemplazarán el módulo de la bolsa de aire frontal del conductor sin cargo. El retiro del mercado comenzó el 14 de octubre de 2016. Los propietarios pueden comunicarse con el servicio al cliente de Hyundai al 1-800-633-5151. El número de Hyundai para este retiro es 148.

Qué deben hacer los propietarios

Hyundai notificará a los propietarios y los concesionarios reemplazarán el módulo de la bolsa de aire frontal del conductor sin cargo. El retiro comenzó el 5 de mayo de 2016. Los propietarios pueden comunicarse con el servicio al cliente de Hyundai al 1-855-371-9460. El número de Hyundai para este retiro es 144.

Ver más

Número de recuperación **Fecha de recuperación**

17V359000 **05/06/2017**

Componente

FRENO DE ESTACIONAMIENTO: LUZ INDICADORA

Resumen

Hyundai Motor America (Hyundai) está retirando del mercado ciertos vehículos Sonata y Genesis 2015-2016. En los vehículos afectados, la luz de advertencia que indica que el freno de estacionamiento está aplicado puede no iluminarse intermitentemente en el tablero debido a la corrosión en el interruptor.

Ver más

Número de recuperación **Fecha de recuperación**

16V726000 **11/10/2016**

RECUPERACIONES DE SEGURIDAD
Y CAMPAÑAS DE SERVICIO

HYUNDAI SONATA

I 5NPE24AF4G[redacted]

ue un vehículo diferente

Al menos 1 campaña de servicio o retirada de seguridad abierta. Para su seguridad programe una cita lo antes posible.

Campañas abiertas | Campañas cerradas

ıpaign#	:	Campaña de servicio 953
ıpaign Description	:	MEJORA DEL PRODUCTO DE LA LÓGICA DE MONITOREO DEL MOTC DE ACTUALIZACIÓN DEL ECM Y DE CLÚSTER
us	:	Incompleto
ıpaign Date	:	Agosto 09, 2018

Programarcita | reembolso por

HYUNDAI

Inglés

Su vehículo califica.

Esta garantía extendida se aplica automáticamente a su vehículo. **No se requiere ninguna acción.**

Hyundai ofrece cobertura de garantía extendida a propietarios de vehículos nuevos y usados para las reparaciones del conjunto del bloque largo del motor necesarias debido a daños excesivos en los cojinetes de la biela al completar la Campaña de servicio 953.

Si, en cualquier momento dentro del período de garantía extendida, la lámpara indicadora de mal funcionamiento (MIL) parpadea continuamente y su vehículo se coloca en un modelo de potencia y aceleración reducidas [denominado "Modo de protección del motor"], haga clic aquí para ubicar a su concesionario Hyundai autorizado más cercano de inmediato y hacer arreglos para el diagnóstico.

Si el diagnóstico indica que la condición es causada por un daño excesivo en los cojinetes de

L

Lyft 6:01 a. m.

para mí

##- Please type your reply above this line -##

We understand you just called 911 and we hope you're doing all right. If you need any additional help you can reply directly to this email or tap the link below to speak to a member of our Support Team. Your safety is our priority.

Contact Support Now

This email is a service from Lyft. Delivered by [redacted]

Lyft 9:41 a. m.
para mí

##- Please type your reply above this line -##

Your request ([redacted] has been received and is being reviewed by our support staff.

To add additional comments, reply to this email.

[redacted] (Lyft)
Nov 1, 2020, 6:41 AM PST

Hi [redacted]

We're reaching out about an accident that was reported to us as occurring on **11/01/2020**. I'm sorry to hear this happened and want you to know we are here to offer any help we can provide.

This information has been sent to our insurance provider. The adjuster may be calling you soon to discuss this claim. Any insurance-related questions should be directed to the assigned adjuster.

Here is the information available at this time.

- Constitution State Services: 1-800-252-4633

Please do not hesitate to reach out to us if you have any

accept my recommendations. A hug to the Fila
LIFT

[redacted]
Miami/Florida

[redacted] 3 nov.
[redacted] Good night, Mr Logan.

[redacted] 4 nov.
[redacted] para mí

Thank you [redacted] - will share this with the team!

John
Co-Founder, Lyft

lyft

Mostrar texto citado

FLORIDA
SELECTION OPTIONS FOR PERSONAL INJURY PROTECTION COVERAGE

Policy Number: [redacted]	Policy Effective Date: 10/01/2020
Company: Greenwich Insurance Company	Producer: Marsh Risk & Insurance Services
Applicant/Named Insured: Lyft, Inc.	

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is $10,000 per person and the death benefit limit is $5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions.

DEDUCTIBLE

Initial the applicable box below. (Choose only one)

(Initials)	
[redacted]	**I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.**
_____	**I select a deductible of $250 applicable to the Named Insured Only.**
_____	**I select a deductible of $250 applicable to the Named Insured and All Dependent Resident Relatives.**
_____	**I select a deductible of $500 applicable to the Named Insured Only.**
_____	**I select a deductible of $500 applicable to the Named Insured and All Dependent Resident Relatives.**
_____	**I select a deductible of $1,000 applicable to the Named Insured Only.**
_____	**I select a deductible of $1,000 applicable to the Named Insured and All Dependent Resident Relatives.**

EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, initial the applicable box below. (Choose only one)

(Initials)	
_____	**I choose to exclude work loss benefits only for the Named Insured.**
[redacted] _____	**I choose to exclude work loss benefits for the Named Insured and All Dependent Resident Relatives.**

I understand the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.

_____ [redacted] _____	09/21/2020
Signature Of Applicant/Named Insured	**Date Signed**

FLORIDA
UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number: [redacted]	**Policy Effective Date:** 10/01/2020
Company: Greenwich Insurance Company	**Producer:** Marsh Risk & Insurance Services
Applicant/Named Insured: Lyft, Inc.	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

If you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

NEW CUSTOMERS – IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE UNINSURED MOTORIST LIMITS EQUAL TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE. DISREGARD THE BOLD STATEMENT AT THE HEADING OF THIS FORM UNLESS THE NAMED INSURED IS DESIGNATED AS AN INDIVIDUAL AND ELECTS THE NON-STACKED OPTION.

RENEWAL / EXISTING CLIENTS – IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE MUST MATCH YOUR UNINSURED MOTORIST LIMITS TO YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE UNTIL YOU MAKE ANOTHER SELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS SELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

(Initials)

[redacted] **I reject Uninsured Motorists Coverage entirely.**

_____ **I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.**

(Choose one):

(Initials)	Split Limits	OR	(Initials)	Combined Single Limit
_____	$ 10,000/20,000		_____	$ 20,000
_____	25,000/50,000		_____	50,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	250,000
_____	250,000/500,000		_____	300,000
_____	500,000/1,000,000		_____	350,000
_____	$ _____ (Other)		_____	500,000
			_____	1,000,000
			_____	$ _____ (Other)

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)

If the named insured is designated as an individual, you have the option to purchase, at a reduced rate, the non-stacked (limited) type of Uninsured Motorist Coverage. If you are designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage, if any, which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase non-stacked coverage, your policy limit(s) for each motor vehicle are added together (stacked*) for all covered injuries. Thus, your policy limit(s) would automatically change during the policy term if you increase or decrease the number of autos covered under your policy.

NEW CUSTOMERS - IF YOU DO NOT ELECT ANY OF THE BELOW, YOUR POLICY WILL INCLUDE STACKED* UNINSURED MOTORIST COVERAGE. DISREGARD THE BOLD STATEMENT ON PAGE 1 AT THE HEADING OF THE FORM, UNLESS YOU SELECTED UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE.

RENEWAL / EXISTING CLIENTS - IF YOU HAVE PREVIOUSLY COMPLETED AND SIGNED AN ELECTION OF COVERAGE FORM AND DO NOT WISH TO CHANGE YOUR ELECTION, NO FURTHER ACTION IS REQUIRED AND SUCH ELECTION WILL BE REFLECTED ON YOUR MOST CURRENT DECLARATION PAGE(S). IF YOU CHANGE YOUR BODILY INJURY LIABILITY LIMITS OR COMBINED SINGLE LIMIT FOR LIABILITY COVERAGE, WE WILL STACK* YOUR UNINSURED MOTORIST COVERAGE UNTIL YOU MAKE ANOTHER ELECTION ON THIS FORM. IF YOU WOULD LIKE TO AMEND YOUR REJECTION OR PREVIOUS ELECTION, PLEASE INDICATE BELOW AND SUBMIT THIS FORM WITH THE DESIRED CHANGES.

(Initials)	
_____	**I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

[redacted]	09/21/2020
Signature Of Applicant/Named Insured	**Date Signed**

* If you are not an individual, stacking of Uninsured Motorist Coverage is not available.

Detalles de reclamación

Numero de reclamo

[redacted]

Fecha de la pérdida

1 de noviembre de 2020

Exposiciones

Demandante [redacted]

Cobertura Exclusión de pérdida de trabajo PIP

Ajustador [redacted]

Teléfono [redacted]

Estado Revisión de cobertura

[redacted]

Enviar mensaje

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [ ]

(Electronic Version)

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

Date of Crash	Time of Crash	Date of Report	Invest. Agency Report Number	HSMV Crash Report Number
17/Jan/2017	17/Jan/2017 06:45 PM	17/Jan/2017 08:15 PM	[redacted]	[redacted]

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Time Reported	Time Dispatched
03	50	HILLSBOROUGH	TAMPA	No	17/Jan/2017 06:47 PM	17/Jan/2017 07:43 PM

Time on Scene	Time Cleared Scene	Completed	Reason (if Investigation NOT Completed)	Notified By
17/Jan/2017 08:01 PM	17/Jan/2017 09:15 PM	Yes		Law Enforcement

ROADWAY INFORMATION

Crash Occured On Street, Road, Highway	At Street Address#	At Latitude	and Longitude
INTERSTATE 275 (STATE ROAD 93) NB		27.9560495819896	-82.473373068496599

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost #
	.25	South	HOWARD AVENUE	

Road System Identifier	Type Of Shoulder	Type Of Intersection
1 Interstate	1 Paved	1 Not at Intersection

CRASH INFORMATION (Check if Pictures Taken) [ ]

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner Of Collision
4 Dark-Lighted	1 Clear	1 Dry	1 No	1 Front to Rear

First Harmful Event Type	First Harmful Event	First Harmful Event Location	Within Interchange	First Harmful Event Relation to Junction
	14	1 On Roadway	No	1 Non-Junction

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
1 None		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
1 None		

Work Zone Related	Crash In Work Zone	Type Of Work Zone	Workers In Work Zone	Law Enforcement In Work Zone
1 No				

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
1	1 Vehicle in Transport	1 No	[redacted]	FL	07/Sep/2017	No	1N4AL24E1[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2009	NISS	ALTIMA	2D	WHI	Functional	2500	No		

Insurance Company	Insurance Policy Number
GEICO	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted] [ ]	[redacted]	PALM HARBOR FL	[redacted]

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	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	North	INTERSTATE 275 (STATE ROAD 93) NB	45	55	8

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	1 Passenger Car	1 None	1 None	1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

VEHICLE (Check if Commercial) [ ]

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
2	1 Vehicle in Transport	1 No	[redacted]	FL	20/Jan/2018	No	5NPE24AF4GH[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2016	HYUN	SONATA	4D	RED	Functional	3000	No		

Insurance Company	Insurance Policy Number
THE STANDARD FIRE	[redacted]

17/Jan/2017 06:45 PM	17/Jan/2017 06:45 PM	[redacted]	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted]	[redacted]	PALM HARBOR FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	North	INTERSTATE 275 (STATE ROAD 93) NB	35	55	8

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	1 Passenger Car	1 None	1 None	1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
1 Straight Ahead	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport	14 Motor Vehicle in Transport		

VEHICLE (Check if Commercial) ☐

Vehicle	Motor Vehicle Type	Hit and Run	Veh License Number	State	Reg. Expires	Permanent Reg.	VIN
3	1 Vehicle in Transport	1 No	[redacted]	FL	02/Feb/2017	No	KMHD35LE6D[redacted]

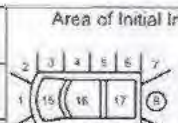
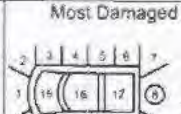
Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due To Damage	Vehicle Removed By	Rotation
2013	HYUN	ELENTRA	5D	GRY	Functional	1500	No		

Insurance Company	Insurance Policy Number
USAA	[redacted]

Name of Vehicle Owner (Check Box If Business)	Current Address (Number and Street)	City and State	Zip Code
[redacted]	[redacted]	SAINT PETERSBURG FL	[redacted]

	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
Trailer One:									
Trailer Two:									

Vehicle Traveling:	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	North	INTERSTATE 275 (STATE ROAD 93) NB		55	8

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
		 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer	 18. Undercarriage 19. Overturn 20. Windshield 21. Trailer

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	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	1 Passenger Car	1 None	1 None	1 No	1 No Special Function

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
13 Stopped in Traffic	4 Two-Way, Divided, Positive Median Barrier	1 Level	1 Straight	2 Collision with Non-Fixed Object	14 Motor Vehicle in Transport

Traffic Control Device For This Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
1 No Controls	2 Collision with Non-Fixed Object 14 Motor Vehicle in Transport			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
1	1 Driver	1	[redacted]	[redacted]	2 Female		No

Address	City	State	Zip Code
[redacted]	PALM HARBOR	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	07/Sep/2021	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Date of Crash	Date of Report	Investigating Agency	Report Number
17/Jan/2017 06:45 PM	17/Jan/2017 06:45 PM	[redacted]	[redacted]

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
2 Operated MV in Careless or Negligent Manner		1 Not Distracted	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	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
2	3 Passenger	1	[redacted]	[redacted]	[redacted]	1 None	1 Not Ejected

Address	City	State	Zip Code
[redacted]	PALM HARBOR	FL	[redacted]

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	3	1	1

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
3	1 Driver	2	[redacted]	[redacted]	[redacted]		No

Address	City	State	Zip Code
[redacted]	PALM HARBOR	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	[redacted]	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
1 No Contributing Action		1 Not Distracted	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	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Phone Number	Re-Exam
4	1 Driver	3	[redacted]	[redacted]	1 Male		No

Address	City	State	Zip Code
[redacted]	SAINT PETERSBURG	FL	[redacted]

Driver License Number	State	Expires	DL Type	Req. End.	Injury Severity	Ejection
[redacted]	FL	[redacted]	5 E/Operator	3 No Req Endorsement	1 None	1 Not Ejected

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	1 Left	1 Front	1 Not Applicable

Drivers Actions at Time of Crash (first)	Drivers Actions at Time of Crash (second)	Driver Distracted By	Vision Obstruction
1 No Contributing Action		1 Not Distracted	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	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
1 No	1 Test Not Given				1 No	1 Test Not Given		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
6	3 Passenger	3	[redacted]	[redacted]	2 Female	1 None	1 Not Ejected

Address	City	State	Zip Code
[redacted]	LARGO	FL	[redacted]

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	3	2	1

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

PERSON RECORD

Date of Crash	Date of Report	Investigating Agency	Motor Vehicle Report Number
17/Jan/2017 06:45 PM	17/Jan/2017 06:45 PM	[redacted]	[redacted]

Person#	Description	Vehicle #	Name	Date of Birth	Sex	Injury Severity	Ejection
5	3 Passenger	3	[redacted]	[redacted]	1 Male	2 Possible	1 Not Ejected

Address	City	State	Zip Code
[redacted]	ST PETERSBURG	FL	[redacted]

Restraint System	Air Bag Deployed	Helmet Use	Eye Protection	Seating Location Seat	Seating Location Row	Seating Location Other
3 Shoulder and Lap Belt Used	2 Not Deployed		3 Not Applicable	3	1	1

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
1 Not Transported			

VIOLATIONS

Person#	Name	Florida Statute Number	Charge	Citation
1	[redacted]	[redacted]	CARELESS DRIVING	[redacted]

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number	Date Created
4019	TROOPER	J. MANGANARO	C	FLORIDA HIGHWAY PATROL	813-558-1800	Jan 17, 2017

V01 was traveling northbound on Interstate 275 (State Road 93), south of Howard Avenue in the left lane. V02 was traveling northbound on Interstate 275 (State Road 93), south of Howard Avenue in the left lane. V03 was stopped in traffic on northbound on Interstate 275 (State Road 93), south of Howard Avenue in the left lane.

The driver of V01 (D01) explained she observed traffic in front of her suddenly slow, attempted to brake, but could not stop in time. As a result the front of V01 collided with the rear of V02. Due to this collision, the front of V02 collided with the rear of V03.

All vehicles were moved from the area of collision and relocated to the inside shoulder on northbound Interstate 275, south of Howard Avenue.

This area of Interstate 275 runs East-West.

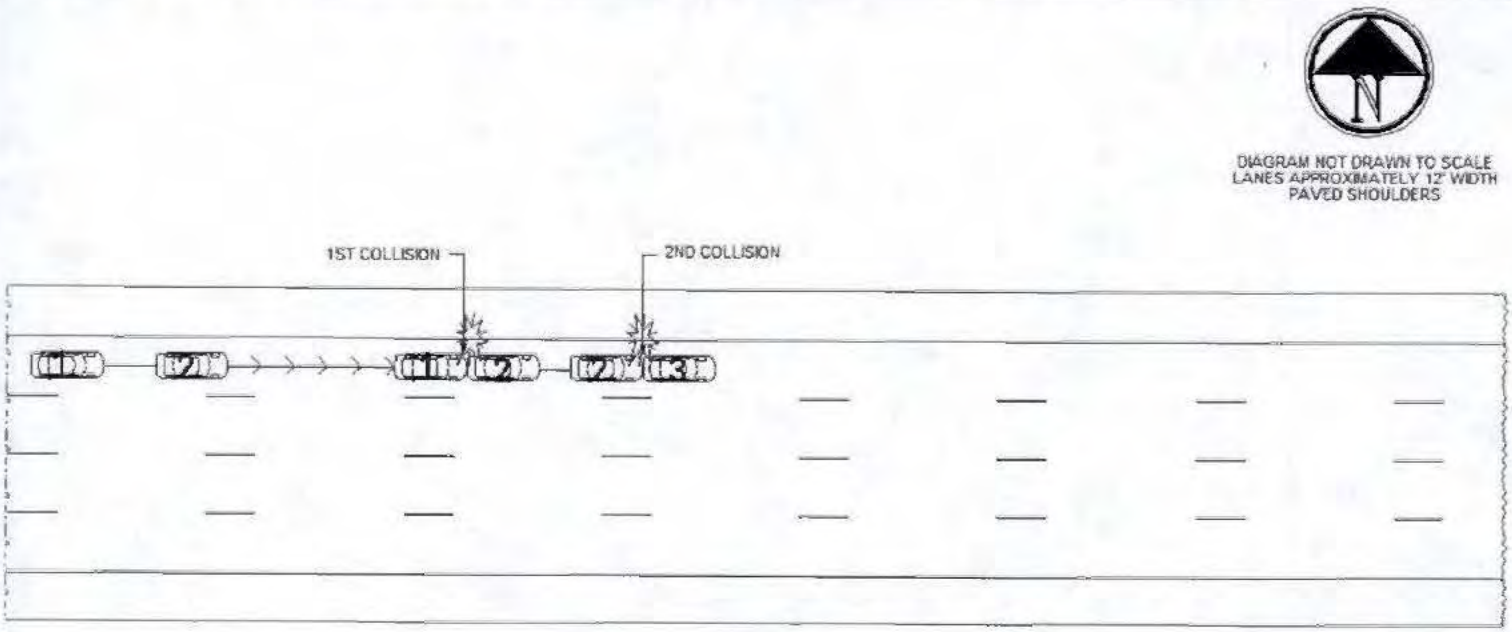
D01 was issued a citation for violating the following Florida State Statute:

[redacted] Careless driving.
(1) Any person operating a vehicle upon the streets or highways within the state shall drive the same in a careful and prudent manner, having regard for the width, grade, curves, corners, traffic, and all other attendant circumstances, so as not to endanger the life, limb, or property of any person.

REPORTING OFFICER

ID/Badge #	Rank and Name	Department	Type of Department
4019	TROOPER J. MANGANARO	FLORIDA HIGHWAY PATROL	FHP

17/Jan/2017 06:45 PM	17/Jan/2017 06:45 PM	[redacted]	[redacted]



INTERSTATE 275
NORTHBOUND LANES ONLY