

Rye Police Department
21 McCullough PL
Rye, NY 10580
Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :14-002095

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
14-002095	CFS.008 Mv Accident - Property Damage	03/04/2014 19:47:43	TUESDAY	03/04/2014 19:47:43
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
03/04/2014 20:05:28	03/04/2014 19:49:03	Milton RD/ Playland PW Rye,NY 10580	Closed No Report	03/04/2014 20:05:28
Caller Name	Disposition Comment	Primary Officer		
		012AR-Rosace, Anthony,		

DISPATCHER DETAILS

Dispatcher Comment

03/04/2014 19:48:13/caller reports her mercedes was struck from the rear on Milton rd at the Pkwy. car 14 sent.

03/04/2014 20:04:22/Exchange of info will file report withiin ten days if necessary.

Rye Police Department
21 McCullough PL
Rye, NY 10580
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CAD Ticket Report

Incident# :14-002922

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
14-002922	CFS.008 Mv Accident - Property Damage	04/02/2014 08:01:47	WEDNESDAY	04/02/2014 08:01:47
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
04/02/2014 09:00:31	04/02/2014 08:04:56	Milton RD/ Playland PW Rye,NY 10580	Closed No Report	04/02/2014 09:00:31
Caller Name	Disposition Comment	Primary Officer		
		C237-Cyr, Angelina		

DISPATCHER DETAILS

Dispatcher Comment

04/02/2014 08:02:14/MVA no injuries reported.

04/02/2014 08:14:34/WCPD DISP & RESPONDING. EMS ON SCENE.

04/02/2014 08:55:27/WCPD ARRIVED. 94

04/02/2014 08:55:38/WCPD TAKING REPORT

04/02/2014 08:58:01/TOT WCPD

Rye Police Department

21 McCullough PL

Rye, NY 10580

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CAD Ticket Report

Incident# :13-009612

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
13-009612	CFS.008 Mv Accident - Property Damage	11/29/2013 11:22:13	FRIDAY	11/29/2013 11:22:13
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
11/29/2013 11:44:48	11/29/2013 11:23:49	Playland PW/ Milton RD Rye, NY 10580	Closed No Report	11/29/2013 11:44:48
Caller Name	Disposition Comment	Primary Officer		
caler , mr		021DR-Rivera, David		

DISPATCHER DETAILS

Dispatcher Comment

11/29/2013 11:22:56/report of accident on parkway. car 12 and Westchester County PD notified.

11/29/2013 11:31:33/NY GCM5532

11/29/2013 11:44:18/TOT County PD

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
13-8554

AMENDED REPORT

DMV COPY

19
4

1 Accident Date: 10/18/2013, Day of Week: FRI, Military Time: 1445, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: []

2 VEHICLE 1 - Driver License ID Number: 492145728, State of Lic.: NY, VEHICLE 2 - Driver License ID Number: 639477149, State of Lic.: NY

Driver Name - exactly as printed on license: ABARCA LILIAN, O; ANDERSON MICHAEL J

Address (Include Number & Street): 63 VALLEY RD, LARCHMONT, NY 10538; 29 RIDGELAND TER, RYE, NY 10580

3 Date of Birth: 12/10/64, Sex: F, No. of Occupants: 2, Public Property Damaged: []; 01/08/74, Sex: M, No. of Occupants: 1, Public Property Damaged: []

Name - exactly as printed on registration: SCHARGEL, GAIL, E; DRIVER

Address (Include Number & Street): 63 VALLEY RD, LARCHMONT, NY 10538

5 Plate Number: EPC8155, State of Reg.: NY, Vehicle Year & Make: 2009 SUBARU SW, Ins. Code: 637; 06261JT, NY, DODGE RAM PU, 639

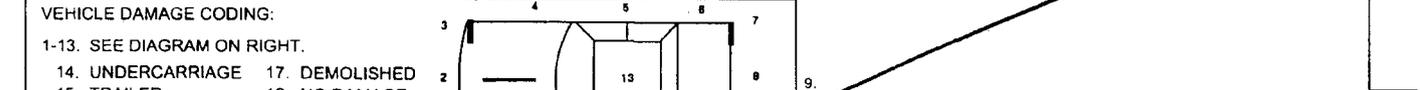
4 Ticket/Arrest Number(s): []; Violation Section(s): []

6 Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2, Box 2 - Most Damage: 2; Enter up to three more Damage Codes: 3, 1, 5

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 8, Box 2 - Most Damage: 8; Enter up to three more Damage Codes: 7, 9, 5

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



28 Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to Determine [X] Yes [] No

Reference Marker: []; Coordinates (if available): []

Place Where Accident Occurred: County: WEST, City: RYE, Road on which accident occurred: Playland Pkwy @ Milton Rd.

at 1) intersecting street: Milton Rd. (Route Number or Street Name)

Accident Description/Officer's Notes: Driver 1 stated traffic was coming to a stop in front of her when suddenly she struck the vehicle (#2).

No injuries reported on scene.

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	48	F	-	-	-	-	-	-	-	ABARCA LILIAN O	-
B	1	6	4	1	27	F	-	-	-	-	-	-	-	BENITEZ WENDY	-
C	2	1	4	1		M	-	-	-	-	-	-	-	ANDERSON MICHAEL J	-
D															
E															
F															

Officer's Rank and Signature: DAVID RIVERA, Badge/ID No.: 21, NCIC No.: 05908, Precinct/Post: 3, Station/Beat: PAROL, Reviewing Officer: [Signature], Date/Time Reviewed: 10/18/13

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION
 1. Crossing, With Signal
 2. Crossing, Against Signal
 3. Crossing, No Signal, Marked Crosswalk
 4. Crossing, No Signal or Crosswalk
 5. Riding/Walking/Skating Along Highway With Traffic
 6. Riding/Walking/Skating Along Highway Against Traffic
 7. Emerging from in Front of/Behind Parked Vehicle
 8. Going to/From Stopped School Bus
 9. Getting On/Off Vehicle Other Than School Bus
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway*
 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL
 1. None
 2. Traffic Signal
 3. Stop Sign
 4. Flashing Light
 5. Yield Sign
 6. Officer/Guard
 7. No Passing Zone
 8. RR Crossing Sign
 9. RR Crossing Flashing Light
 10. RR Crossing Gates
 11. Stopped School Bus-Red Lights Flashing
 12. Construction Work Area
 13. Maintenance Work Area
 14. Utility Work Area
 15. Police/Fire Emergency
 16. School Zone
 20. Other*

LIGHT CONDITIONS
 1. Daylight
 2. Dawn
 3. Dusk
 4. Dark-Road Lighted
 5. Dark-Road Unlighted

ROADWAY CHARACTER
 1. Straight and Level
 2. Straight and Grade
 3. Straight at Hillcrest
 4. Curve and Level
 5. Curve and Grade
 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION
 1. Dry
 2. Wet
 3. Muddy
 4. Snow/Ice
 5. Slush
 6. Flooded
 0. Other*

WEATHER
 1. Clear
 2. Cloudy
 3. Rain
 4. Snow
 5. Sleet/Hail/Freezing Rain
 6. Fog/Smog/Smoke
 0. Other*

WHICH VEHICLE OCCUPIED
 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
 I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE
 1. Driver 2-7. Passengers
 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED
 1. None
 2. Lap Belt
 3. Harness
 4. Lap Belt/Harness
 5. Child Restraint Only
 6. Helmet (Motorcycle Only)
 7. Air Bag Deployed
 8. Air Bag Deployed/Lap Belt
 9. Air Bag Deployed/Harness
 A. Air Bag Deployed/Lap Belt/Harness
 B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist
 C. Helmet Only
 D. Helmet/Other
 E. Pads Only
 F. Stoppers Only
 0. Other*

EJECTION FROM VEHICLE
 1. Not Ejected
 2. Partially Ejected
 3. Ejected

AGE **SEX**
 M/F

APPARENT CONTRIBUTING FACTORS
Human
 2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular
 41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*

Environmental
 61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:

PRE-ACCIDENT VEHICLE ACTION
 1. Going Straight Ahead
 2. Making Right Turn
 16. Making Right Turn on Red
 3. Making Left Turn
 17. Making Left Turn on Red
 4. Making U Turn
 5. Starting from Parking
 6. Starting in Traffic
 7. Slowing or Stopping
 8. Stopped in Traffic
 9. Entering Parked Position
 10. Parked
 11. Avoiding Object in Roadway
 12. Changing Lanes
 13. Passing
 14. Merging
 15. Backing
 18. Police Pursuit
 20. Other*

LOCATION OF FIRST EVENT
 1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH
 1. Other Motor Vehicle 5. In-Line Skater
 2. Pedestrian 7. Deer
 3. Bicyclist 8. Other Pedestrian
 4. Animal 10. Other Object (Not Fixed)*
 5. Railroad Train

COLLISION WITH FIXED OBJECT
 11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*

NO COLLISION
 31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

INJURED TAKEN
 17 BY TO 18

COVER SHEET
 N

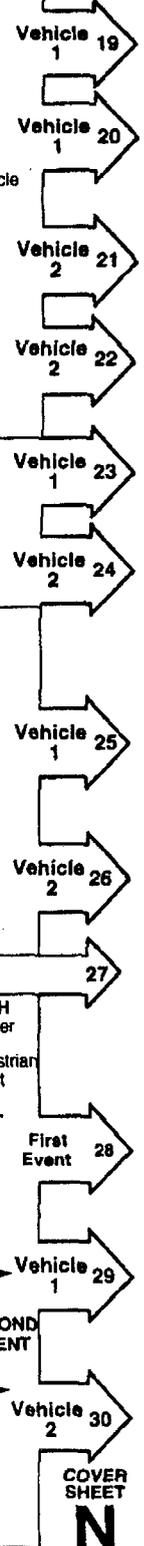
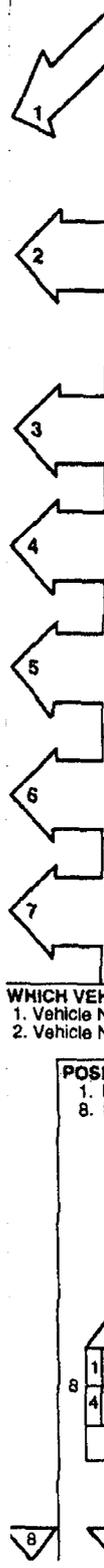
New York State
 Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**
 If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT
 1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body

TYPE OF PHYSICAL COMPLAINT
 1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS
 1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12
11 77 9

AMENDED REPORT

DMV COPY

9

Accident Date Month: 10, Day: 26, Year: 2012	Day of Week FRI	Military Time 1330	No. of Vehicle 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
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VEHICLE 1 License ID Number: 763 972 281 Driver Name: TAFADER Abdul M Address: 1924A McGraw Ave City: BRONX, State: NY, Zip Code: 10462				VEHICLE 2 License ID Number: 941 9104 012 Driver Name: AMENDOLA MARGARET W Address: 720 Milton Rd City: YUE, State: NY, Zip Code: 10580			
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Date of Birth: 7-7-91 M Name: CHOWDHURY AMINUR M Address: 1924A McGraw Ave City: BRONX, State: NY, Zip Code: 10462	Date of Birth: 12-21-26 F Name: SAHAR AS Address: DRIVER City: DRIVER, State: NY, Zip Code: 10462
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23

24

Plate Number: F2Y 2913 Violation Section(s): RS 806516612	Plate Number: BRV 3356 Violation Section(s): # 925 306104 101 1
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25

VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 3 3 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 8 Box 2 - Most Damage: 3 4 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)
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26

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Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: WEST, City: YUE, Road: PLANDM Pkwy, at 1) intersecting street: Milton Rd.
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29

Accident Description/Officer's Notes: Operator of vehicle #2 stated she stopped westbound on Plandm Pkwy for the red light and was struck from behind by vehicle #1.

30

USE COVER SHEET

A	B	C	D	E	F	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
								4	1	22	M								TAFADER Abdul M	
								4	1	31	M								CHOWDHURY AMINUR	
								4	1	17	M								CHOWDHURY SAFWAN	
								4	1	17	M								TAFADER Abdul B	
								4	1	17	M								CHOWDHURY MAHEEZ	
	2	1						4	1	26	F								Margaret Amendola	

Officer's Rank and Signature Michael An Fusco	Badge/ID No. #5	NCIC No. Yue 24	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-
Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other* |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other* |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- C. Helmet/Other
- E. Pads Only
- F. Stoppers Only

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE SEX M/F

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

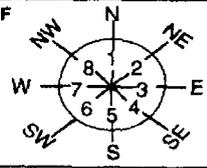
Vehicular

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
60. Other Vehicular*

Environmental

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

DIRECTION OF VEHICLE:



**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN BY TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other*

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

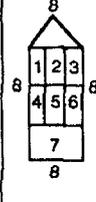
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Object (Not Fixed) |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-6215

AMENDED REPORT **DMV COPY**

19
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1	Accident Date Month: 5, Day: 24, Year: 12	Day of Week TH	Military Time 15:20	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20
	Accident Reconstructed <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							

2	VEHICLE 1 - Driver License ID Number: 985 124 296 Driver Name: DEICHLER, KENNETH GEORGE Address: 51 LOCKERMAN AVE City/Town: ROUGHKEEPSIE, NY, Zip Code: 12601				VEHICLE 2 - Driver License ID Number: 216 665 671 Driver Name: MARINO LU ZHAO Address: 90 WALK PLAINS AVE City/Town: W HARRISON, NY, Zip Code: 10604				21
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3	Date of Birth: 3/7/87, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 11/19/73, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	22
4	Name: POLAKOWSKI, CLOT OF FIVE DEMANDS Address: 62 CIVIC CENTER PLAZA City/Town: ROUGHKEEPSIE, NY, Zip Code: 12601	Name: MARINO, FRANK N Address: BOX 185 City/Town: HARRISON, NY, Zip Code: 10728	23		

5	Plate Number: L65 660, State of Reg: NY, Vehicle Year & Make: 2003 FORD SUB, Ins. Code: 994	Plate Number: B75 2060, State of Reg: NY, Vehicle Year & Make: 1999 MER/USE, Ins. Code: 40SD 639	24
	Ticket/Arrest Number(s): TWS: CITY OF ROUGHKEEPSIE	Ticket/Arrest Number(s): TWS: CEECO	25
	Violation Section(s): 44151.86-57-24	25	

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 8, Box 2 - Most Damage: 8	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2, Box 2 - Most Damage: 2	ACCIDENT DIAGRAM Play lead thru 15 → N	27

8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28
---	--	--	----

9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: WEST, City/Village/Town: RYE Road on which accident occurred: MELTON RD at 1) intersecting street: PLAYSIDE PKWY or 2) _____ Feet Miles of _____ (Milepost, Nearest intersecting Route Number or Street Name)	29
---	------------------	--	---	----

Accident Description/Officer's Notes: DRIVER 1 STATES HE WAS DRIVING N/S ON MELTON RD AND STRUCK IN TRAFFIC AT PLAYSIDE PKWY. DRIVER 2 STATES HE WAS TRAVELING E/W I/S WHEN HEI LIGHT TRUCK RES. DRIVER 1 STATES HE BEGAN TO BRK UP OUT OF T/S WHEN HE APPROX DROVE VEH 2. NI REACHED 200 FEET.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	23	M									DEICHLER, KENNETH GEORGE	
B	2	1	4	1	39	F									MARINO, LU ZHAO	
C	3	4	4	1	8	M									MARINO, ALAN	
D	2	6	5	1	6	M									MARINO, ERIC	
E																
F																

Officer's Rank and Signature: [Signature]	Badge/ID No.: 2	NCIC No.: 05908	Precinct/Post Troop/Zone: 3	Station/Beat/Sector:	Reviewing Officer:	Date/Time Reviewed:
Print Name in Full: EDWARDS, PAUL JR						

USE COVER SHEET
N

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other* |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other* |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other* |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- B. Helmet/Other
- C. Pads Only
- F. Stoppers Only

0. Other*

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX

M/F

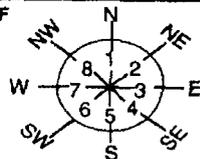
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other*

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

New York State
 Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**

If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

First Event 28

Vehicle 1 29

Vehicle 2 30

COVER SHEET N

Rye Police Department
21 McCullough PL
Rye, NY 10580
Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :11-14332

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
11-14332	CFS.008 Mv Accident - Property Damage	12/21/2011 14:06:01	WEDNESDAY	12/21/2011 14:06:01
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
12/21/2011 14:28:54	12/21/2011 14:06:30	Milton Rd/Playland Pkwy Rye,NY		
Caller Name	Disposition Comment	Primary Officer		

DISPATCHER DETAILS

Dispatcher Comment

12/21/2011 14:06:01/Report of minor MVA. County, FD notified.
(mmo @ 12/21/11 14:28) tot wcdps
(JPK @ 12/21/11 14:52) assist county PD and FD with accident scene. TOT county police. PO Perricone

Rye Police Department
21 McCullough PL
Rye, NY 10580
Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :11-05814

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
11-05814	CFS.008 Mv Accident - Property Damage	05/20/2011 15:12:08	FRIDAY	05/20/2011 15:12:08
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
05/20/2011 15:28:11	05/20/2011 15:27:40	Milton Rd/Playland Pkwy Rye,NY		
Caller Name	Disposition Comment	Primary Officer		

DISPATCHER DETAILS

Dispatcher Comment

05/20/2011 15:12:08/mva involving a motorcycle.
(DPC @ 05/20/11 15:27) assisted with traffic
(apr @ 05/20/11 15:34) traffic control pkwy midlnd

Rye Police Department

21 McCullough PL

Rye, NY 10580

Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :12-006863

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
12-006863	CFS.181 Mv Accident - Personal Injury	06/07/2012 23:22:50	THURSDAY	06/07/2012 23:22:50
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
06/07/2012 23:47:22	06/07/2012 23:24:05	Milton RD/ Playland PW Rye,NY 10580	Closed No Report	06/07/2012 23:47:22
Caller Name	Disposition Comment	Primary Officer		
		026KP-Pallone, Kevin		

DISPATCHER DETAILS

Dispatcher Comment

06/07/2012 23:22:53/numerous calls for motor vehicle accident.

06/07/2012 23:34:15/10-94 wcpd

06/07/2012 23:47:07/tot WCPD

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
14-880

AMENDED REPORT

1 Accident Date: Month **1**, Day **28**, Year **2014**. Day of Week **TUE**. Military Time **1520**. No. of Vehicles **2**. No. Injured **0**. No. Killed **0**. Not Investigated at Scene . Left Scene . Police Photos Yes No. Accident Reconstructed .

2 VEHICLE 1 - Driver License ID Number **726099538**, State of Lic. **NY**. Driver Name - exactly as printed on license **DIMAUOLA, Benedetto**. Address (Include Number & Street) **2345 PALMER AV**, City or Town **New Rochelle**, State **NY**, Zip Code **10801**. VEHICLE 2 - Driver License ID Number **305838186**, State of Lic. **NY**. Driver Name - exactly as printed on license **KENT, Jeanne**. Address (Include Number & Street) **69 HARMON AV**, City or Town **Pelham**, State **NY**, Zip Code **10803**.

3 Date of Birth: Month **2**, Day **16**, Year **56**. Sex **M**. Unlicensed . No. of Occupants **1**. Public Property Damaged . VEHICLE 2: Date of Birth: Month **5**, Day **20**, Year **33**. Sex **F**. Unlicensed . No. of Occupants **1**. Public Property Damaged . Name - exactly as printed on registration **SAME AS ABOVE**. Date of Birth: Month **5**, Day **20**, Year **33**. Sex **F**. Name - exactly as printed on registration **SAME AS ABOVE**. Date of Birth: Month **5**, Day **20**, Year **33**. Sex **F**.

4 City or Town, State, Zip Code. VEHICLE 1: Plate Number **BHP3933**, State of Reg. **NY**, Vehicle Year & Make **08 Hyundai**, Vehicle Type **SUBN**, Ins. Code **16L**. VEHICLE 2: Plate Number **CRL4145**, State of Reg. **NY**, Vehicle Year & Make **03 Toyota**, Vehicle Type **4DSD**, Ins. Code **639**. Ticket/Arrest Number(s) **Hartford Accident + Indemnity**. Violation Section(s) **Policy #**. VEHICLE 2: Ticket/Arrest Number(s) **Greco**. Violation Section(s) **Policy # 2018327458**.

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact **3 3**; Box 2 - Most Damage **3 4 5**. Enter up to three more Damage Codes **3**. Vehicle By Towed: **To NO TOW**. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact **12 12**; Box 2 - Most Damage **12 4 5**. Enter up to three more Damage Codes **12**. Vehicle By Towed: **To Hannigan**. ACCIDENT DIAGRAM: **# 4**. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

Reference Marker, Coordinates (if available). Place Where Accident Occurred: County **West**, City Village Town of **Rye**. Road on which accident occurred **Playland Access Dr** at 1) intersecting street **Playland Parkway** (Route Number or Street Name). or 2) N S E W of **Playland Parkway** (Route Number or Street Name). (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes: **AT ABOVE T/P/O, OPER of veh #1 states while traveling west on Playland Access Dr veh #2 went through the stop sign from Playland Parkway striking his veh #1. Oper of veh #2 stated that she drove thru the post stop sign but observed veh #1 traveling to fast. No witness or injuries reported.**

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only	
A	1	1	4	1		M	-	13	6	-	-				PIMAOLA, Benedetto		
B	2	1	4	1		F	-	13	6	-	-				Kent, Jeanne		
C																	
D																	
E																	
F																	

Officer's Rank and Signature: **T.O. Cancel**. Badge/ID No. **#11**. NCIC No. **5908**. Precinct/Post Troop/Zone **3**. Station/Beat/ Sector **6Rye**. Reviewing Officer **S7**. Date/Time Reviewed **11/28/14 1602**.

PRINT ALL ENTRIES • USE BLACK BALLPOINT PEN • PRESS HARD

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/OFF Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

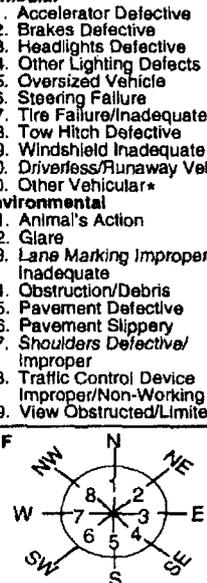
WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage
- Vehicular**
41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



DIRECTION OF VEHICLE:

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

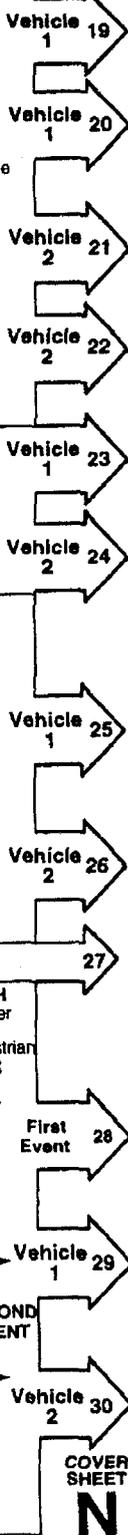
- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

**SEX
M/F**



Local Codes
12-2231

POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

DMV COPY

19

1 Accident Date: 02/20/12, Day of Week: Mon, Military Time: 1800, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [X], Left Scene: [], Police Photos: [X]

2 VEHICLE 1: Driver License ID Number 598 911 525, Driver Name Gaber, David, 2, Address 130 Spook Rock Rd, City of Town Suffern, State NY, Zip Code 10901. VEHICLE 2: Driver License ID Number 317 841 356, Driver Name Reyes, George, E, Address 30 Lakeside Plaza, City of Town NY, State NY, Zip Code 10910.

3 Date of Birth: 04/02/87, Sex M, Unlicensed [], No. of Occupants 1, Public Property Damaged []. VEHICLE 2: Date of Birth 04/18/39, Sex M, Unlicensed [], No. of Occupants 1, Public Property Damaged [].

4 Name: Gaber, David, 2; Reyes, George, E. Address: 130 Spook Rock Rd; 30 Lakeside Plaza. City of Town: Suffern; NY.

5 Plate Number: FEZ 6529, Vehicle Year & Make: 2010 HONDA. VEHICLE 2: Plate Number NJ 467, Vehicle Year & Make: 91 MITSUB.

6 Ticket/Arrest Number(s): Liberty #A022284407640. Violation Section(s): [].

7 VEHICLE DAMAGE CODING: Box 1 - Point of Impact 5, Box 2 - Most Damage 2. VEHICLE 2 DAMAGE CODING: Box 1 - Point of Impact 2, Box 2 - Most Damage 2. ACCIDENT DIAGRAM: Sideswipe (same direction) 1, Left Turn 2, Right Turn 3, Head On 4, Right Turn 5, Sideswipe (opposite direction) 6, Right Turn 7, Left Turn 8.

8 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED. 15. TRAILER 18. NO DAMAGE. 16. OVERTURNED 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000. [X] Yes [] No.

9 Reference Marker: []. Coordinates: []. Place Where Accident Occurred: County West, City [], Road on which accident occurred: Highland Acres Dr, at 1) intersecting street [].

10 Accident Description/Officer's Notes: Vehicle #1 travelling E on Highland Acres Dr. Vehicle #2 failed to yield right of way and struck vehicle #1.

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows include names Gaber, David, 2 and Reyes, George, E.

11 Officer's Rank and Signature: [], Print Name: [], Badge/ID No.: [], NCIC No.: [], Precinct/Post/Troop/Zone: [], Station/Beat/Sector: [], Reviewing Officer: SGT HUNTER, Date/Time Reviewed: 2/21/12.

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing With Signal
- 2. Crossing Against Signal
- 3. Crossing No Signal, Marked Crosswalk
- 4. Crossing No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 6. Fall Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage
- Vehicular**
- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

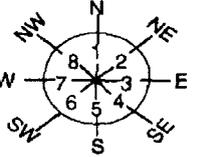
INJURED TAKEN

17 BY TO 18

VEHICULAR

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

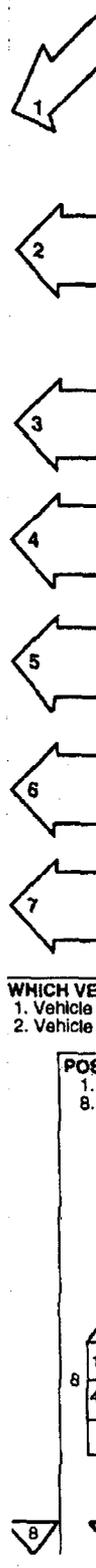
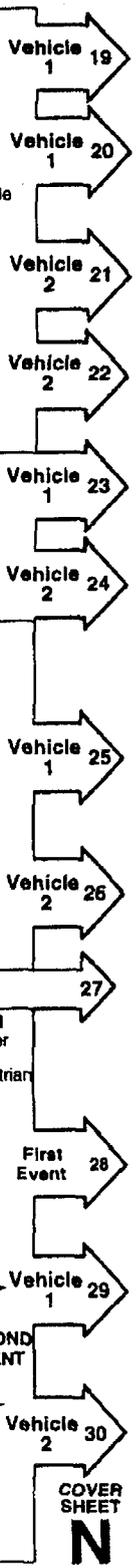
- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-1981

AMENDED REPORT

DMV COPY

19
7

1	Accident Date Month Day Year FEB 15 2012	Day of Week WEDNESDAY	Military Time 1420	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
							Accident Reconstructed <input type="checkbox"/>			

2	VEHICLE 1 - Driver License ID Number 661 665 524	State of Lic. NY	VEHICLE 2 - Driver License ID Number 176 384 752	State of Lic. NY	21
Driver Name - exactly as printed on license BUDIYANTO EDY			Driver Name - exactly as printed on license DENISON PATRICIA JM		
Address (Include Number & Street) 41-40 40 ST			Address (Include Number & Street) 2116 THEALL RD		

3	City or Town SUNNYSIDE	State NY	Zip Code 11104	City or Town RYE	State NY	Zip Code 10580	22
---	---------------------------	-------------	-------------------	---------------------	-------------	-------------------	----

3	Date of Birth Month Day Year 07 22 65	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 12 07 25	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
Name - exactly as printed on registration REGISTRATION BY COSTILYAN LTD						Name - exactly as printed on registration SAME					
Address (Include Number & Street) 28 13 14TH ST						Address (Include Number & Street) AS					

4	City or Town LONG ISLAND CT	State NY	Zip Code 11102	City or Town ABOVE	State NY	Zip Code	24
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5	Plate Number 73647JN	State of Reg. NY	Vehicle Year & Make 06 FORD	Vehicle Type V	Ins. Code 010	Plate Number DLV5141	State of Reg. NY	Vehicle Year & Make 07 CADIL	Vehicle Type P	Ins. Code 335	25
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5	Ticket/Arrest Number(s) TRAVELERS	Ticket/Arrest Number(s) UNITED SERVICES AUTO	26
5	Violation Section(s) BA - 4439C149-11-SEL	Violation Section(s) 029431123U 71018	27

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 1. Sideswipe (same direction) 2. Sideswipe (opposite direction) 3. Left Turn 4. Right Turn 5. Right Turn 6. Right Turn 7. Head On 8. Sideswipe (opposite direction)	26
7	Vehicle Towed: By _____ To _____	Vehicle Towed: By _____ To _____	9. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27

8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>WESTCHESTER</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>RYE</u> Road on which accident occurred <u>PLAYLAND ACCESS DRIVE</u> at 1) intersecting street <u>PLAYLAND PARKWAY</u> or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)	28
---	------------------	--	---	----

9	Accident Description/Officer's Notes DRIVER OF VEHICLE 1 STATES HE WAS EXITING OFF PLAYLAND PARKWAY, MAKING A LEFT ONTO PLAYLAND ACCESS, WHEN HE STRUCK THE SIDE OF VEHICLE 2. DRIVER OF VEHICLE 2 STATED SHE WAS TRAVELING EAST ON PLAYLAND ACCESS, GOING STRAIGHT, WHEN VEHICLE 1 TURNED INTO HER VEHICLE.	30
---	---	----

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	2	1	46	M	-	-	6	-	-	-	-	-	BUDIYANTO EDY	-
B	1	3	2	1	34	M	-	-	6	-	-	-	-	-	MAY MYO AUNG	-
C	2	1	2	1	87	F	-	-	6	-	-	-	-	-	DENISON PATRICIA JM	-
D																
E																
F																

Officer's Rank and Signature P.O. DAVID CASALE	Badge/ID No. 15	NCIC No. 05908	Precinct/Post Troop/Zone 3	Station/Beat/Sector RYE SUR HUNTER	Reviewing Officer HUNTER	Date/Time Reviewed 2/15/12
---	--------------------	-------------------	-------------------------------	---------------------------------------	-----------------------------	-------------------------------

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F

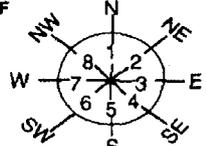
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 21. Failure to Keep Right
 27. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY _____ TO 18 _____

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

First Event 28

Vehicle 1 29

SECOND EVENT

Vehicle 2 30

COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
11-13093

AMENDED REPORT **DMV COPY**

1 Accident Date: **NOV 24 2011** Day of Week: **THU** Military Time: **1245** No. of Vehicles: **2** No. Injured: **0** No. Killed: **0** Not Investigated at Scene: Left Scene: Police Photos: Yes No
Accident Reconstructed:

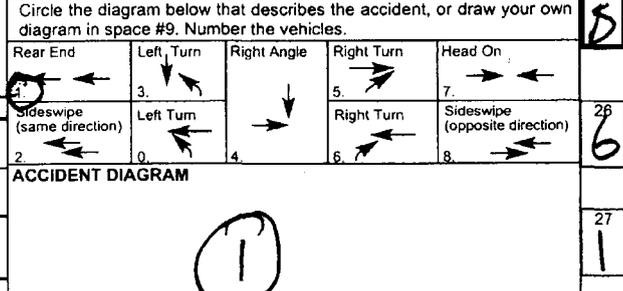
2 VEHICLE 1 - Driver License ID Number: **164772845** State of Lic: **CT** Driver Name: **KOOK KAREN R** Address: **24 VALLEY RD** City/Town: **CLINTON** State: **CT** Zip Code: **06413**
VEHICLE 2 - Driver License ID Number: **589 909 155** State of Lic: **NY** Driver Name: **COLASACCO LAUREN** Address: **58 WEBSTER AVE** City/Town: **HARRISON** State: **NY** Zip Code: **10528**

3 Date of Birth: **04 10 1956** Sex: **F** Unlicensed: No. of Occupants: **1** Public Property Damaged:
Name: **KOOK RICHARD D** Sex: **M** Date of Birth: **06 14 1983** Sex: **F** Unlicensed: No. of Occupants: **1** Public Property Damaged:

4 Address: **24 VALLEY RD** City/Town: **CLINTON** State: **CT** Zip Code: **06413**
Address: **58 WEBSTER AVE** City/Town: **HARRISON** State: **NY** Zip Code: **10528**

5 Plate Number: **464 PFS** State of Reg: **CT** Vehicle Year & Make: **2000 HOND 4DSD** Ins. Code: **200**
Plate Number: **EXC 727A** State of Reg: **NY** Vehicle Year & Make: **2006 ACURA 4DSD** Ins. Code: **100**
Ticket/Arrest Number(s): **TRUMBULL INK COMPANY** Ticket/Arrest Number(s): **GEICO 4184-29-11-87**

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: **9 9** Box 2 - Most Damage: **10 6 5**
VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: **3 3** Box 2 - Most Damage: **4 4 5**
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



7 Reference Marker: **WEST** Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County: **WEST** City/Village/Town of: **RYE** Road on which accident occurred: **PLAYLAND SOUTH EXIT RAMP** at 1) intersecting street: **PLAYLAND ACCESS DR.** or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)

30 Accident Description/Officer's Notes: **DRIVER OF VEHIC #1 STOPPED AT STOP SIGN WITH RIGHT TURN SIGNAL ON. DRIVER OF VEHIC #2 WAS BEHIND VEHIC #1. DRIVER #1 STATES SHE "MOVED FORWARD WITH CAUTION AND STOPPED AGAIN" WHEN VEHIC #2 REAR ENDED HER. NO REPORTED INJ.**

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	F	---	---	---	---	---	---	---	KOOK KAREN	---
B	2	1	4	1	28	F	---	---	---	---	---	---	---	COLASACCO LAUREN	---
C															
D															
E															
F															

Officer's Rank and Signature: **P.O. Klei #27** Badge/ID No.: **27** NCIC No.: **257000** Precinct/Post Troop/Zone: **3** Station/Beat/Sector: **RYE** Reviewing Officer: **(Signature)** Date/Time Reviewed: **11/24/11**

Officer's Name in Full: **JONATHAN KLEI**

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION
 1. Crossing, With Signal
 2. Crossing, Against Signal
 3. Crossing, No Signal, Marked Crosswalk
 4. Crossing, No Signal or Crosswalk
 5. Riding/Walking/Skating Along Highway With Traffic
 6. Riding/Walking/Skating Along Highway Against Traffic
 7. Emerging from in Front of/Behind Parked Vehicle
 8. Going to/From Stopped School Bus
 9. Getting On/Off Vehicle Other Than School Bus
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway*
 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL
 1. None
 2. Traffic Signal
 3. Stop Sign
 4. Flashing Light
 5. Yield Sign
 6. Officer/Guard
 7. No Passing Zone
 8. RR Crossing Sign
 9. RR Crossing Flashing Light
 10. RR Crossing Gates
 11. Stopped School Bus-Red Lights Flashing
 12. Construction Work Area
 13. Maintenance Work Area
 14. Utility Work Area
 15. Police/Fire Emergency
 16. School Zone
 20. Other*

APPARENT CONTRIBUTING FACTORS

Human
 2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular
 41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*

Environmental
 61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

LIGHT CONDITIONS
 1. Daylight
 2. Dawn
 3. Dusk
 4. Dark-Road Lighted
 5. Dark-Road Unlighted

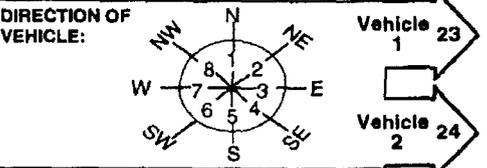
ROADWAY CHARACTER
 1. Straight and Level
 2. Straight at Hillcrest
 3. Curve and Level
 5. Curve and Grade
 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION
 1. Dry
 2. Wet
 3. Muddy
 4. Snow/Ice
 5. Slush
 6. Flooded
 0. Other*

WEATHER
 1. Clear
 2. Cloudy
 3. Rain
 4. Snow
 5. Sleet/Hail/Freezing Rain
 6. Fog/Smog/Smoke
 0. Other*

New York State
 Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
 If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".



PRE-ACCIDENT VEHICLE ACTION
 1. Going Straight Ahead
 2. Making Right Turn
 16. Making Right Turn on Red
 3. Making Left Turn
 17. Making Left Turn on Red
 4. Making U Turn
 5. Starting from Parking
 6. Starting in Traffic
 7. Slowing or Stopping
 8. Stopped in Traffic
 9. Entering Parked Position
 10. Parked
 11. Avoiding Object in Roadway
 12. Changing Lanes
 13. Passing
 14. Merging
 15. Backing
 18. Police Pursuit
 20. Other*

WHICH VEHICLE OCCUPIED
 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
 I. In-Line Skater S. Snowmobiler

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT
 1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body

LOCATION OF FIRST EVENT
 1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH
 1. Other Motor Vehicle 6. In-Line Skater
 2. Pedestrian 7. Deer
 3. Bicyclist 8. Other Pedestrian
 4. Animal 10. Other Object (Not Fixed)*
 5. Railroad Train

POSITION IN/ON VEHICLE
 1. Driver 2-7. Passengers
 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED
 1. None
 2. Lap Belt
 3. Harness
 4. Lap Belt/Harness
 5. Child Restraint Only
 6. Helmet (Motorcycle Only)
 7. Air Bag Deployed
 8. Air Bag Deployed/Lap Belt
 9. Air Bag Deployed/Harness
 A. Air Bag Deployed/Lap Belt/Harness
 B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist
 C. Helmet Only
 D. Helmet/Other
 E. Pads Only
 F. Stoppers Only
 0. Other*

EJECTION FROM VEHICLE
 1. Not Ejected
 2. Partially Ejected
 3. Ejected

AGE **SEX**
 M/F

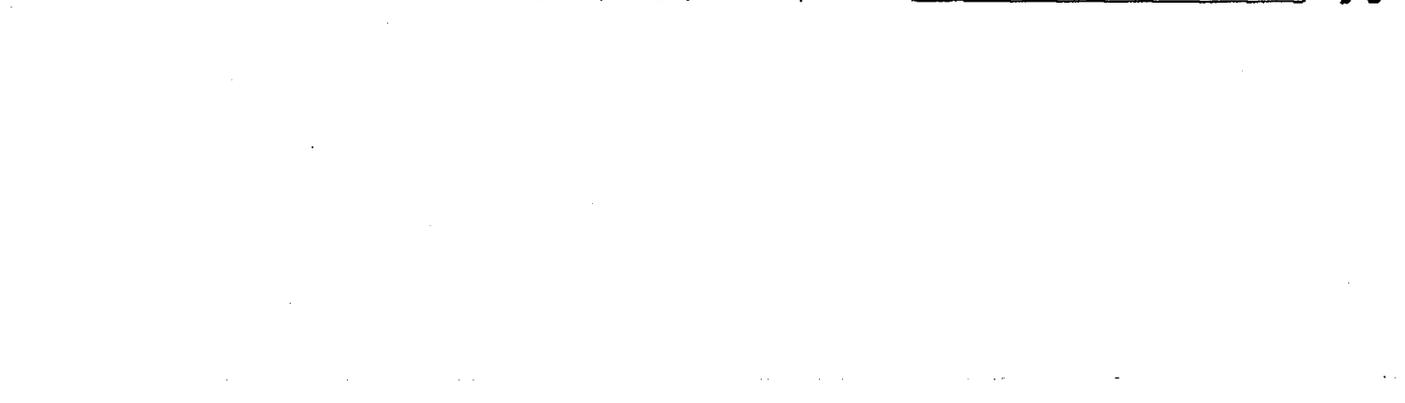
TYPE OF PHYSICAL COMPLAINT
 1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS
 1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious

INJURED TAKEN
 17 BY TO 18

COLLISION WITH FIXED OBJECT
 11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*

NO COLLISION
 31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
11-12804

AMENDED REPORT

19
60

1	Accident Date Month: 11 Day: 17 Year: 2011	Day of Week TH	Military Time 1720	No. of Vehicles 2	No. Injured -	No. Killed -	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
							Accident Reconstructed <input type="checkbox"/>			

2	VEHICLE 1 License ID Number: 669 900 810 Driver Name: MAZAHRAH, KATREEN, F. Address: 17 BROADWAY City/Town: HARRISON NY Zip Code: 10528				VEHICLE 2 License ID Number: 11-13601-308209153611 JAPAN Driver Name: NAKAMURA, YOSHITAKA Address: [Blank] City/Town: SHIZUOKA JAPAN Zip Code: [Blank]				21
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3	Date of Birth: 05/09/89 F Sex: F Name: MAZAHREH, SAMER, B Address: 17 BROADWAY City/Town: HARRISON NY Zip Code: 10528	Date of Birth: 10/20/63 M Sex: M Name: LEASE PLANUSA INC Address: 1165 SANCTUARY PKY City/Town: ALPHATETTA GA Zip Code: 30004	22
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4	Plate Number: DTB9950 State of Reg: NY Vehicle Year & Make: 2003 JEP SUBN Ins. Code: 148	Plate Number: 398WYF State of Reg: CT Vehicle Year & Make: 2007 LEXS 4DSD Ins. Code: 20362	23
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5	Ticket/Arrest Number(s): [Blank]	Ticket/Arrest Number(s): [Blank]	24
6	Violation Section(s): [Blank]	Violation Section(s): [Blank]	25

7	<p>Check if involved vehicle is:</p> <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. <p>VEHICLE 1 DAMAGE CODES</p> <p>Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: [Blank]</p> <p>Enter up to three more Damage Codes: 1 3 14</p> <p>Vehicle By Towed: PRIVATE</p>	<p>Check if involved vehicle is:</p> <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. <p>VEHICLE 2 DAMAGE CODES</p> <p>Box 1 - Point of Impact: 8 8 Box 2 - Most Damage: [Blank]</p> <p>Enter up to three more Damage Codes: 9 7 5</p> <p>Vehicle By Towed: [Blank]</p>	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p> <p>ACCIDENT DIAGRAM</p> <p>Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	26
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8	Reference Marker: [Blank]	Coordinates (if available): [Blank]	Place Where Accident Occurred: County: WEST City/Village/Town of: BYE Road on which accident occurred: PLAYLAND ACCESS DRIVE at 1) intersecting street: exit/entrance to Playland Pkwy or 2) [Blank] of [Blank]	27
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Accident Description/Officer's Notes

Vehicle #1 operator stated she was attempting to slow/stop in traffic when her vehicle slid on roadway and rear ended vehicle #2. Road conditions were noted by this officer to be wet & slippery. Vehicle operator was slowing down for traffic in front of him. No injuries reported.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	22	F	-	-	-	-	-	-	-	-	MAZAHRAH, KATREEN, F.	-
B	2	1	4	1	48	M	-	-	-	-	-	-	-	-	NAKAMURA, YOSHITAKA	-
C																
D																
E																
F																

Officer's Rank and Signature: P.O. [Signature]	Badge/ID No.: 21	NCIC No.: 05908	Precinct/Post: 3	Station/Beat: PATROL	Reviewing Officer: [Signature]	Date/Time Reviewed: [Blank]
Print Name in Full: DAVID RIVERA						

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/VON VEHICLE

- 1. Driver 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX M/F

APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fell Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage
- Vehicular**
- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Drive/less/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

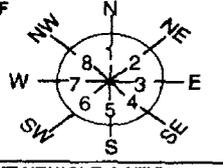
- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN 17 BY TO 18

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle 6. In-Line Skater
- 2. Pedestrian 7. Deer
- 3. Bicyclist 8. Other Pedestrian
- 4. Animal 10. Other Object (Not Fixed)
- 5. Railroad Train

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

First Event 28

Vehicle 1 29

Vehicle 2 30

COVER SHEET N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
11-10343

AMENDED REPORT

1	Accident Date Month: 09, Day: 13, Year: 2011	Day of Week TUES	Military Time 0915	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
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2	VEHICLE 1 - Driver License ID Number: 127449460, State of Lic: CT				VEHICLE 2 - Driver License ID Number: UNLICENSED, State of Lic: UNLIC					
	Driver Name - exactly as printed on license: SCHLOSSMAN, DANA, B				Driver Name - exactly as printed on license: RIVAS-HERRERA, MIGUEL ANGEL					
	Address (Include Number & Street): 104 SILO CIRCLE, City or Town: RIVERSIDE, State: CT, Zip Code: 06878				Address (Include Number & Street): 1728 FILLMORE STREET, City or Town: BRONX, State: NY, Zip Code: 10460					

3	Date of Birth: 12/03/1969, Sex: F, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 09/07/1977, Sex: M, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input checked="" type="checkbox"/>	
	Name - exactly as printed on registration: VW credit Leasing Co		Name - exactly as printed on registration: BRIONES, SONNIA, E		
	Address (Include Number & Street): 1401 Franklin Blvd, City or Town: Libertyville, IL, State: IL, Zip Code: 60048		Address (Include Number & Street): 2095 Creston Ave, City or Town: BRONX, State: NY, Zip Code: 10453		

4	Plate Number: 563 YSF, State of Reg: CT, Vehicle Year & Make: 2011 VOLKS, Vehicle Type: ST WAG	Plate Number: DXZ 6495, State of Reg: NY, Vehicle Year & Make: 2004 FORD, Vehicle Type: SUBN
5	Ticket/Arrest Number(s): N/A GEICO INS	Ticket/Arrest Number(s): #BCB129774 BCB129800 Geico ins
	Violation Section(s): N/A # 0117 428805	Violation Section(s): 509-1 UNLICENSED OPER, 319-3 FAILURE TO PRODUCE VALID INS # 403 499492

VEHICLE DAMAGE CODES	Check if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.
Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 1. Rear End (circled) 2. Sideswipe (same direction) 3. Left Turn 4. Right Angle 5. Right Turn 6. Right Turn 7. Head On 8. Sideswipe (opposite direction)
Vehicle Towed: By [blank], To: NOT TOWED	Vehicle Towed: By Hannigans TOW, To: Hannigans - Port Chaser	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County: Westchester, City: Rye
	Longitude/Easting:	Road on which accident occurred: PLAYLAND PARKWAY
		at 1) intersecting street: PLAYLAND ACCESS DRIVE
		or 2) _____

Accident Description/Officer's Notes: Oper. vehicle #01, states she was stopped on Playland Parkway + Playland Access Drive, when Oper. Veh. #02 rear ended her vehicle #01. Damage minor to Veh. 01 rear bumper. Oper. Veh. #02, states: An unknown vehicle, pass a dark red pick up - Ford 150, struck his vehicle from behind + pushed his Veh #02 into vehicle #01. Unknown vehicle #03 left scene. No further info. summaries issued.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	41	F	-	-	6	-	-	SCHLOSSMAN, DANA, B	-
B	2	1	4	1	34	M	-	-	6	-	-	RIVAS, HERRERA, MIGUEL, A	-
C													
D													
E													
F													

Officer's Rank and Signature: PO Angela Cyr #23	Badge/ID No.: #23	NCIC No.: OSCOR	Precinct/Post/Zone: R80	Station/Beat/Sector: #03	Revising Officer: [Signature]	Date/Time Reviewed: 09/13/11 1547
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F

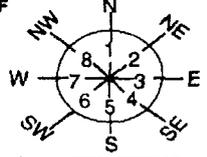
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 6. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY | TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
16. Making Right Turn on Red
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

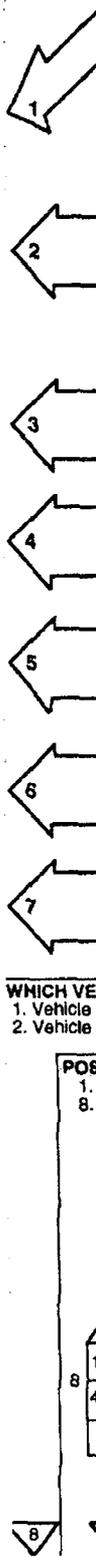
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
11-9180

AMENDED REPORT

1	Accident Date Month: 8 Day: 12 Year: 2011	Day of Week Fri	Military Time 1336	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 Driver License ID Number: 431 096 317 State of Lic: NY Driver Name: WROBLEWSKI, JAROSLAW Address: 169 W LAKESHORE DR City: CARMEL State: NY Zip: 10512				VEHICLE 2 Driver License ID Number: 208 381 964 State of Lic: CT Driver Name: FLANAGAN, SEAN, R. Address: 56 MAYFAIR RD City: FAIRFIELD State: CT Zip: 06824			
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3	Date of Birth: 02/16/63 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 08/16/68 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>
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4	Name: JW WOOD CONSTRUCTION CORP Address: 169 W LAKESHORE DR City: CARMEL State: NY Zip: 10512	Name: UGORETS, ALLA Address: 68-34 GROTON ST. City: FOREST HILLS State: NY Zip: 11375
---	--	--

5	Plate Number: 193 43 JW State of Reg: NY Vehicle Year & Make: 11 DODGE Vehicle Type: 484	Plate Number: BH25839 State of Reg: NY Vehicle Year & Make: 99 BMW Vehicle Type: 148
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6	Ticket/Arrest Number(s): -	Ticket/Arrest Number(s): GEICO
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7	Violation Section(s): -	Violation Section(s): Policy # 0930-01-87-00
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8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
---	--	--	--

9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 3 4 14	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 1 Box 2 - Most Damage: 2 12 14	ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--	--

10	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Westchester City/Village/Town of: Rye Road on which accident occurred: PLAYLAND ACCESS DR at 1) intersecting street: PLAYLAND PARKWAY or 2) - <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of - Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes:
DRIVER VEH #1 STATES HE WAS DRIVING WESTBOUND ON PLAYLAND ACCESS DR WHEN VEH #2 PULLED OUT IN FRONT OF HIM. DRIVER VEH #2 STATES HE ATTEMPTED TO CROSS PLAYLAND ACCESS DR AND WESTBOUND WHEN HE WAS STRUCK BY VEH #1, WHO HE WAS UNABLE TO SEE COMING DUE TO OTHER UNINVOLVED VEHICLE MANEUVERING.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	48	M	-	-	-	-	-	-	-	-	WROBLEWSKI, JAROSLAW	-
B	2	1	4	1	43	M	-	-	-	-	-	-	-	-	FLANAGAN, SEAN, R.	-
C																
D																
E																
F																

Officer's Rank and Signature: P.O. J.S. WASYK #24	Badge/ID No: 424	NCIC No.:	Precinct/Post/Zone: DISPATCH RYE	Station/Beat/Sector: 3	Reviewing Officer:	Date/Time Reviewed:
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only

0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX

M/F

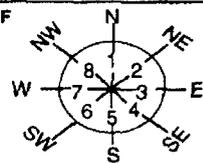
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
16. Making Right Turn on Red
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

First Event 28

Vehicle 1 29

SECOND EVENT

Vehicle 2 30

COVER SHEET

N

Rye Police Department

21 McCullough PL

Rye, NY 10580

Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :11-09084

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
11-09084	CFS.008 Mv Accident - Property Damage	08/09/2011 14:03:01	TUESDAY	08/09/2011 14:03:01
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
08/09/2011 14:12:30	08/09/2011 14:03:01	Playland Pkwy/Playland Access Dr Rye,NY		
Caller Name	Disposition Comment	Primary Officer		

DISPATCHER DETAILS

Dispatcher Comment

08/09/2011 14:03:01/Location/playland pkwy/playland access; Comment/Flagged down by motorist - involved in 10-53 Property;
(BMA @ 08/09/11 14:09) SANCHEZ ALEX E DOB/19750718 SEX/M HGT/502 EYE/BRO
19 OAK ST NORWALK CT 06854-
OLS/CT OLN/076782120 VALID EXP/20150718
CDL/NONE ISSUED ENDORS/F RESTR/ PUBSRV/NONE ISSUED.

(BMA @ 08/09/11 14:12) Parties exchanged information - declined PAR - minor damage

Rye Police Department
21 McCullough PL
Rye, NY 10580
Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :14-002272

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
14-002272	CFS.007 Mv Accident - Hit And Run	03/11/2014 08:51:48	TUESDAY	03/11/2014 08:51:48
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
03/11/2014 09:05:24	03/11/2014 08:54:40	PLAYLAND ACCESS DR/ PLAYLAND PKWY	Gone On Arrival	03/11/2014 09:05:24
Caller Name	Disposition Comment	Primary Officer		
		C237-Cyr, Angelina		

DISPATCHER DETAILS

Dispatcher Comment

03/11/2014 08:52:36/report of red tractor trailer hitting pole in f/o West Med/"Navajo" written on rear of truck

03/11/2014 09:04:54/SEARCHED AREA, TRACTOR TRAILER GOA. NO DAMAGE OBSERVED IN AREA. 94

Local Codes 14-3917

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
AMENDED REPORT DMV COPY

19
4

1 Accident Date: Month 4, Day 29, Year 14; Day of Week: Tues; Military Time: 1349; No. of Vehicles: 2; No. Injured: 0; No. Killed: 0; Not Investigated at Scene: []

2 VEHICLE 1: Driver License ID Number 996 636 751, State of Lic. NY, Driver Name Zhao, Wen, Address 132-36 Maple Ave, Apt. No. 2FL, City or Town Flushing, State NY, Zip Code 11355. VEHICLE 2: Driver License ID Number 530 592 818, State of Lic. NY, Driver Name Haas, Phyllis K, Address 470 North St, Apt. No., City or Town Harrison, NY, State NY, Zip Code 10528.

3 Date of Birth: VEHICLE 1 (M) 9/22/68, VEHICLE 2 (F) 6/28/28. Name: Same. Address: []

4 Plate Number: FSC4998 NY R/Toyota 4DSD 410, AMW2617 NY 07/Kadil 4DSD 325. Ticket/Arrest Number(s): Country Wide Ins Co, Standard Fire Ins Co. Violation Section(s): #DS 352750513, #008731910 1012.

6 Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 2 2, Box 2 - Most Damage 3 1. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 8 7, Box 2 - Most Damage 9 4 5. ACCIDENT DIAGRAM: []

7 Vehicle By Towed: []

8 Reference Marker: [] Coordinates: [] Place Where Accident Occurred: County West, City Rye, Road on which accident occurred Theo Fremd Ave, at 1) intersecting street Playground Access Dr.

9 Accident Description/Officer's Notes: Dr veh 1 had a translation speak for him Chen, Peter H 10/13/75 identified via NYDLIC. Dr veh 1 stated he was traveling N on Theo Fremd when items in his vehicle distracted him causing him to hit veh 2. Dr veh 2 stated she was starting from being stopped at the light on Theo Fremd N bound when veh 1 struck her. No injuries, No witnesses.

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows: A (1, 1, 4, 1, 45, M, 6), B (2, 1, 4, 1, 85, F, 6), C, D, E, F.

10 Officer's Rank and Signature: [] Badge/ID No. [] NCIC No. [] Precinct/Post Troop/Zone [] Station/Beat/Sector [] Reviewing Officer: Scot Hunter, Date/Time Reviewed: 4/29/14.

20
1

21
1

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1

23
1

24
1

25
1

26
6

27
1

28
1

29
1

30
1

USE COVER SHEET

DMV FORM 104-A (6/04)

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE

SEX

M/F

APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fell Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage (Improper)
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage
- Vehicular**
- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 50. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

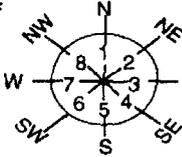
VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY TO 18

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

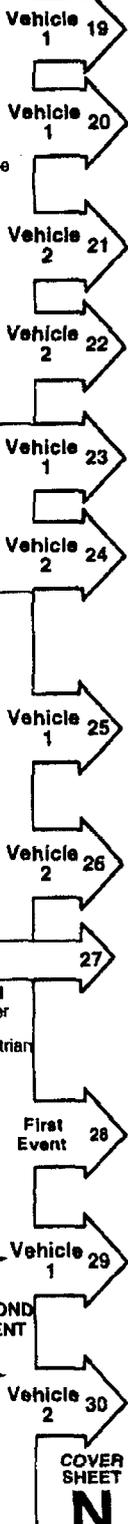
- 1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle 6. In-Line Skater
- 2. Pedestrian 7. Deer
- 3. Bicyclist 8. Other Pedestrian
- 4. Animal 10. Other Object (Not Fixed)*
- 5. Railroad Train

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*
- NO COLLISION**
- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*



COVER SHEET N

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
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TRAFFIC CONTROL

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- 2. Dawn
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- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
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ROADWAY SURFACE CONDITION

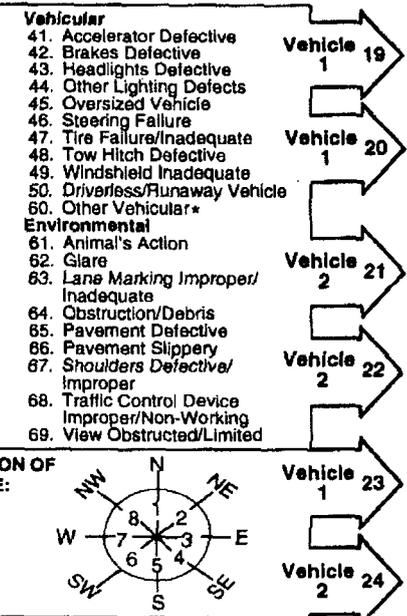
- 1. Dry
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- 1. Clear
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APPARENT CONTRIBUTING FACTORS

- Human**
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 - 3. Backing Unsafely
 - 4. Driver Inattention/Distracted*
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 - 6. Drugs (Illegal)
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 - 48. Tow Hitch Defective
 - 49. Windshield Inadequate
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 - 68. Traffic Control Device Improper/Non-Working
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**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
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- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

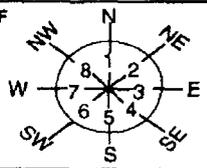
- 1. Amputation
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- 4. Minor Bleeding
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- 9. Fracture - Dislocation
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- 12. Complaint of Pain
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INJURED TAKEN
17 BY TO 18

DIRECTION OF VEHICLE:



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- 14. Merging
- 15. Backing
- 18. Police Pursuit
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- 1. On Roadway
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- 4. Animal
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- 21. Median-Not At End
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- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

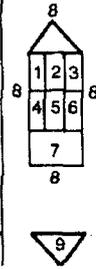
In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE **SEX**
M/F



8 9 10 11 12 13 14 15 16 17 BY TO 18

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-12315

AMENDED REPORT

DMV COPY

19
69

1	Accident Date Month: 11, Day: 10, Year: 2012	Day of Week SAT	Military Time 1430	No. of Vehicles 4	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
	Accident Reconstructed <input checked="" type="checkbox"/>							<input type="checkbox"/>	<input checked="" type="checkbox"/>

2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>	
	VEHICLE 1 - Driver License ID Number 459 947 996	State of Lic. NY	VEHICLE 2 - Driver License ID Number 106 048 187	State of Lic. NY	Driver Name - exactly as printed on license Lukaswitz, Caroline, A		Driver Name - exactly as printed on license Pezzella, Patrick, J		Address (Include Number & Street) 27 Willets Rd	
	City or Town Harrison		State NY	City or Town Harrison	State NY	Address (Include Number & Street) 73 Rose Ave		City or Town Harrison		State NY

3	Date of Birth Month: 07, Day: 17, Year: 1994	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month: 02, Day: 14, Year: 1971	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input checked="" type="checkbox"/>
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4	Name - exactly as printed on registration CAPPETTA, Janet, A	Sex F	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration SAME	Sex M	Date of Birth Month: , Day: , Year:	Address (Include Number & Street) SAME AS	Address (Include Number & Street) AS
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City or Town, State, Zip Code: ABOVE INFORMATION

5	Plate Number FEE7535	State of Reg. NY	Vehicle Year & Make 2009 Nissan	Vehicle Type HSD/PAS	Ins. Code ✓	Plate Number AGH2562	State of Reg. NY	Vehicle Year & Make 2005 Toyota	Vehicle Type SUBW/PAS	Ins. Code 011
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6	Ticket/Arrest Number(s) N/A / GEICO INS	Ticket/Arrest Number(s) N/A / ALL STATE INS
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7	Violation Section(s) N/A / P#159 824 8605	Violation Section(s) N/A / P#033101024
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8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 3 1	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 7 Box 2 - Most Damage: 2 3 1	ACIDENT DIAGRAM #1 401 Theotrend Ave #2 Gabelli Funds #3 Unknown Landscapers #4 Theotrend Ave Playland Access Dr. Light
10	Vehicle Towed: By Hannigan's Tow P.C. To Nissan Ford Chester NY	Vehicle Towed: To NOT TOWED	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

11	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Westchester City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of RYE Road on which accident occurred I/E/O # 401 Theotrend Ave. Gabelli Funds at 1) intersecting street Playland Access Drive. or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: Oper. Veh. #1 travelling north on Theotrend Ave, when unknown landscapers blowing leaves into middle of the road, obstructed her view causing Veh #01 to rear end vehicle #02. Oper. Veh. #02 was stopped at traffic light on Theotrend Ave + Playland Access, when Veh #01 rear ended his Veh #02, causing him to rear end vehicle #03. No injuries. Unknown Landscapers employed by Gabelli Funds.

BY	TO	Names of all involved	Date of Death Only
A	1	Lukaswitz, Caroline, A	
B	3	Lukaswitz, Phoebe	
C	4	Pezzella, Patrick J	
D			
E			
F			

Officer's Rank and Signature PO A Cyn #23	Badge/ID No. #23	NCIC No. 05900	Precinct/Post RPO	Station/Beat #03	Reviewing Officer	Date/Time Reviewed
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
12-12315

AMENDED REPORT

19

1 Accident Date: Month 11, Day 10, Year 2012. Day of Week: SAT. Military Time: 1430. No. of Vehicles: 4. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: . BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1: Driver License ID Number 865838988, State of Lic. NY, Driver Name - exactly as printed on license OSPINO, Angelina, B, Address (Include Number & Street) PO Box 1702, City or Town PORT Chester, NY, State NY, Zip Code 10573. VEHICLE 2: Driver License ID Number 637090870, State of Lic. NY, Driver Name - exactly as printed on license MOHR, TULLIA, M, Address (Include Number & Street) 106 2ND Street, City or Town HARRISON, NY, State NY, Zip Code 10528.

3 Date of Birth: VEHICLE 1: 01/19/1955, Sex F, Unlicensed . No. of Occupants 1, Public Property Damaged . Name - exactly as printed on registration SAME. Address (Include Number & Street) AS. VEHICLE 2: 02/05/1981, Sex F, Unlicensed . No. of Occupants 2, Public Property Damaged . Name - exactly as printed on registration SAME. Address (Include Number & Street) AS.

4 City or Town ABOVE INFORMATION, State ABOVE INFORMATION, Zip Code ABOVE INFORMATION.

5 Plate Number: FJR8294 NY, State of Reg. NY, Vehicle Year & Make 2000 Honda SUBARU, Vehicle Type SUBARU, Ins. Code 460. Ticket/Arrest Number(s) N/A / GEICO INS. Violation Section(s) N/A / P# 4223785504. Plate Number: EVO6509 NY, State of Reg. NY, Vehicle Year & Make 2010 Honda SUBARU, Vehicle Type SUBARU, Ins. Code 460. Ticket/Arrest Number(s) N/A / Utica National INS Albert Palencia. Violation Section(s) N/A / P# 43026641.

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 8 8, Box 2 - Most Damage 7 9 2. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 8 8, Box 2 - Most Damage 3 4 5. Vehicle Towed: NOT TOWED. ACCIDENT DIAGRAM: 401 Theotrend Ave - Gabelli Funds. Playland Access DR. Theotrend Ave S7. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

Reference Marker: Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County Westchester, City Rye, Road on which accident occurred I-190 # 401 Theotrend Ave - Gabelli Funds, at 1) intersecting street Playland Access Drive.

30 Accident Description/Officer's Notes: OPER. Veh. 03 states she was stopped at traffic light on Theotrend Ave + Playland Access DR when veh # 01 rear ended veh # 02 causing veh # 02 to rear end her vehicle # 3 + she rear ended veh. 04. Chain reaction. OPER. Veh. # 04 said she was stopped at traffic light Theotrend Ave Playland Access DR when veh # 01 rear ended, vehicle # 02 causing vehicle # 02 to rear end veh # 03 to rear end her veh # 01.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F: A: 3, 1, 4, 1, 57, F, 6, OSPINO, Angelina, B; B: 4, 1, 4, 1, 30, F, 6, MOHR, TULLIA, M; C: 4, 3, 4, 1, 39, F, 6, BARRELLO, ANGELA.

Officer's Rank and Signature: PO A Cyr #23, Print Name in Full PO. A Cyr #23, Badge/ID No. #23, NCIC No. 059080, Precinct/Post/Troop/Zone RPD, Station/Beat/Sector #03, Reviewing Officer, Date/Time Reviewed.

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

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- | | |
|-------------------------------|--|
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| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

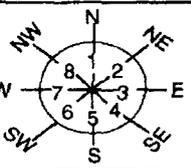
VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY | TO 18

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

27

First Event 28

Vehicle 1 29

Vehicle 2 30

COVER SHEET

N

Rye Police Department

21 McCullough PL

Rye, NY 10580

Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :12-011184

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
12-011184	CFS.008 Mv Accident - Property Damage	10/06/2012 12:36:12	SATURDAY	10/06/2012 12:36:12
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
10/06/2012 12:41:43	10/06/2012 12:36:21	Playland Access DR/ THEODORE FREMD AV Rye,NY 10580	Closed No Report	10/06/2012 12:41:43
Caller Name	Disposition Comment	Primary Officer		
		C237-Cyr, Angelina		

DISPATCHER DETAILS

Dispatcher Comment

10/06/2012 12:39:34/10-53, NO INJURIES, PARTIES EXCHANGE INFO, SETTLE AMONGST THEMSELVES. NO REPORT NEEDED AT THIS TIME. VEHICLES INVOLVED, NY BPV 4532 & NY P80 6EX.

10/06/2012 12:39:48/MINOR 10-53

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12
11067

AMENDED REPORT DMV COPY

1 Accident Date: 10/2/2012, Day of Week: Tues, Military Time: 1730, No. of Vehicles: 2, No. Killed: 0, No. Injured: 0, Not Investigated at Scene: , Left Scene: , Police Photos:

2 VEHICLE 1 - Driver License ID Number: 699 098 850, Driver Name: KAMBEITZ SAMANTHA L, Address: 9 TIMBER TRAIL, City: Rye, State: NY, Zip: 10580
VEHICLE 2 - Driver License ID Number: 162 998 643, Driver Name: Yullis Christine M, Address: B MARION AVE, City: HARRISON, State: NY, Zip: 10528

3 Date of Birth: 02/05/85, Sex: F, Unlicensed: , No. of Occupants: 2, Public Property Damaged:
Name: KAMBEITZ FRED J, Date of Birth: 4/9/53
Date of Birth: 3/30/70, Sex: F, Unlicensed: , No. of Occupants: 1, Public Property Damaged:
Name: SAME AS DRIVER

4 City or Town: HARRISON, State: NY, Zip Code: 10528
City or Town: DRIVER, State: NY, Zip Code: [blank]
Plate Number: ECH5061, State of Reg: NY, Vehicle Year: 13, Make: BMW, Vehicle Type: Subn, Ins Code: 260
Plate Number: CWK2653, State of Reg: NY, Vehicle Year: 04, Make: Nissan, Vehicle Type: 405D, Ins Code: 011

5 Ticket/Arrest Number(s): CHubb, Allstate #
Violation Section(s): #126 409 70-04

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: BB, Box 2 - Most Damage: BB
VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 22, Box 2 - Most Damage: 22
ACCIDENT DIAGRAM: [Diagram showing vehicle positions and directions]

7 Reference Marker: [blank], Coordinates: [blank], Place Where Accident Occurred: County: WEST, City: Rye, Road on which accident occurred: Theodore Fremd Ave, at 1) intersecting street: Pleyland Access Dr.

8 Accident Description/Officer's Notes: Operator of vehicle #1 was stopped Northbound on Theodore Fremd Ave when vehicle #2 struck her from behind. Vehicle #1 was stopped at a red light. Driver #2 did not have an Insurance Card in her vehicle.

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	27	F	-	-	-	-	-	-	-	KAMBEITZ, SAMANTHA	
B	1	1	4	1	27	F	-	-	-	-	-	-	-	NODARA, Sarah	
C	2	1	4	1	41	F	-	-	-	-	-	-	-	YULLIS, Christine M	
D															
E															
F															

9 Officer's Rank and Signature: Michael Amuso, Badge/ID No.: #5, NCIC No.: 05060, Precinct/Post: Rye 25, Station/Beat: Rye, Reviewing Officer: Sgt Robert Vogel, Date/Time Reviewed: 10-2-12, 1930 H4

<p>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION</p> <ol style="list-style-type: none"> 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection <p>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION</p> <ol style="list-style-type: none"> 1. Crossing, With Signal 2. Crossing, Against Signal 3. Crossing, No Signal, Marked Crosswalk 4. Crossing, No Signal or Crosswalk 5. Riding/Walking/Skating Along Highway With Traffic 6. Riding/Walking/Skating Along Highway Against Traffic 7. Emerging from in Front of/Behind Parked Vehicle 8. Going to/From Stopped School Bus 9. Getting On/Off Vehicle Other Than School Bus 11. Working in Roadway 12. Playing in Roadway 13. Other Actions in Roadway * 14. Not in Roadway (Indicate) * <p>TRAFFIC CONTROL</p> <table style="width:100%;"> <tr> <td>1. None</td> <td>10. RR Crossing Gates</td> </tr> <tr> <td>2. Traffic Signal</td> <td>11. Stopped School Bus-Red Lights Flashing</td> </tr> <tr> <td>3. Stop Sign</td> <td>12. Construction Work Area</td> </tr> <tr> <td>4. Flashing Light</td> <td>13. Maintenance Work Area</td> </tr> <tr> <td>5. Yield Sign</td> <td>14. Utility Work Area</td> </tr> <tr> <td>6. Officer/Guard</td> <td>15. Police/Fire Emergency</td> </tr> <tr> <td>7. No Passing Zone</td> <td>16. School Zone</td> </tr> <tr> <td>8. RR Crossing Sign</td> <td>20. Other *</td> </tr> <tr> <td>9. RR Crossing Flashing Light</td> <td></td> </tr> </table> <p>LIGHT CONDITIONS</p> <ol style="list-style-type: none"> 1. Daylight 2. Dawn 3. Dusk 4. Dark-Road Lighted 5. Dark-Road Unlighted <p>ROADWAY CHARACTER</p> <ol style="list-style-type: none"> 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest <p>ROADWAY SURFACE CONDITION</p> <table style="width:100%;"> <tr> <td>1. Dry</td> <td>4. Snow/Ice</td> </tr> <tr> <td>2. Wet</td> <td>5. Slush</td> </tr> <tr> <td>3. Muddy</td> <td>6. Flooded</td> </tr> <tr> <td></td> <td>0. Other *</td> </tr> </table> <p>WEATHER</p> <ol style="list-style-type: none"> 1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail/Freezing Rain 6. Fog/Smog/Smoke 0. Other * <p>WHICH VEHICLE OCCUPIED</p> <table style="width:100%;"> <tr> <td>1. Vehicle No. 1</td> <td>A. All-Terrain Vehicle (ATV)</td> <td>O. Other *</td> </tr> <tr> <td>2. Vehicle No. 2</td> <td>B. Bicyclist</td> <td>P. Pedestrian</td> </tr> <tr> <td></td> <td>I. In-Line Skater</td> <td>S. Snowmobiler</td> </tr> </table> <p>POSITION IN/ON VEHICLE</p> <table style="width:100%;"> <tr> <td>1. Driver</td> <td>2-7. Passengers</td> </tr> <tr> <td>8. Riding/Hanging on Outside</td> <td></td> </tr> </table> <p>SAFETY EQUIPMENT USED</p> <ol style="list-style-type: none"> 1. None 2. Lap Belt 3. Harness 4. Lap Belt/Harness 5. Child Restraint Only 6. Helmet (Motorcycle Only) 7. Air Bag Deployed 8. Air Bag Deployed/Lap Belt 9. Air Bag Deployed/Harness A. Air Bag Deployed/Lap Belt/Harness B. Air Bag Deployed/Child Restraint 0. Other * <p>In-Line Skater/Bicyclist</p> <table style="width:100%;"> <tr> <td>C. Helmet Only</td> </tr> <tr> <td>D. Helmet/Other</td> </tr> <tr> <td>E. Pads Only</td> </tr> <tr> <td>F. Stoppers Only</td> </tr> </table> <p>EJECTION FROM VEHICLE</p> <table style="width:100%;"> <tr> <td>1. Not Ejected</td> <td>AGE</td> <td>SEX</td> </tr> <tr> <td>2. Partially Ejected</td> <td></td> <td>M/F</td> </tr> <tr> <td>3. Ejected</td> <td></td> <td></td> </tr> </table> <p>TYPE OF PHYSICAL COMPLAINT</p> <ol style="list-style-type: none"> 1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture - Dislocation 10. Contusion - Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible 14. Whiplash <p>VICTIM'S PHYSICAL AND EMOTIONAL STATUS</p> <ol style="list-style-type: none"> 1. Apparent Death 2. Unconscious 3. Semiconscious 4. Incoherent 5. Shock 6. Conscious <p>INJURED TAKEN</p> <table style="width:100%;"> <tr> <td>17 BY</td> <td>TO</td> <td>18</td> </tr> </table>	1. None	10. RR Crossing Gates	2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing	3. Stop Sign	12. Construction Work Area	4. Flashing Light	13. Maintenance Work Area	5. Yield Sign	14. Utility Work Area	6. Officer/Guard	15. Police/Fire Emergency	7. No Passing Zone	16. School Zone	8. RR Crossing Sign	20. Other *	9. RR Crossing Flashing Light		1. Dry	4. Snow/Ice	2. Wet	5. Slush	3. Muddy	6. Flooded		0. Other *	1. Vehicle No. 1	A. All-Terrain Vehicle (ATV)	O. Other *	2. Vehicle No. 2	B. Bicyclist	P. Pedestrian		I. In-Line Skater	S. Snowmobiler	1. Driver	2-7. Passengers	8. Riding/Hanging on Outside		C. Helmet Only	D. Helmet/Other	E. Pads Only	F. Stoppers Only	1. Not Ejected	AGE	SEX	2. Partially Ejected		M/F	3. Ejected			17 BY	TO	18	<p>APPARENT CONTRIBUTING FACTORS</p> <p>Human</p> <ol style="list-style-type: none"> 2. Alcohol Involvement 3. Backing Unsafely 4. Driver Inattention/Distracted* 5. Driver Inexperience* 6. Drugs (Illegal) 7. Failure to Yield Right-of-Way 21. Fatigued/Drowsy 8. Fell Asleep 9. Following Too Closely 10. Illness 11. Lost Consciousness 12. Passenger Distraction 13. Passing or Lane Usage Improper 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion 15. Physical Disability 16. Prescription Medication 17. Traffic Control Disregarded 18. Turning Improperly 19. Unsafe Speed 20. Unsafe Lane Changing 22. Cell Phone (hand-held) 23. Cell Phone (hands-free) 24. Other Electronic Device* 25. Outside Car Distraction* 26. Reaction to Other Uninvolved Vehicle 28. Aggressive Driving/Road Rage <p>Vehicular</p> <ol style="list-style-type: none"> 41. Accelerator Defective 42. Brakes Defective 43. Headlights Defective 44. Other Lighting Defects 45. Oversized Vehicle 46. Steering Failure 47. Tire Failure/Inadequate 48. Tow Hitch Defective 49. Windshield Inadequate 50. Driverless/Runaway Vehicle 60. Other Vehicular* <p>Environmental</p> <ol style="list-style-type: none"> 61. Animal's Action 62. Glare 63. Lane Marking Improper/Inadequate 64. Obstruction/Debris 65. Pavement Defective 66. Pavement Slippery 67. Shoulders Defective/Improper 68. Traffic Control Device Improper/Non-Working 69. View Obstructed/Limited 	<p>DIRECTION OF VEHICLE:</p> <p>PRE-ACCIDENT VEHICLE ACTION</p> <ol style="list-style-type: none"> 1. Going Straight Ahead 2. Making Right Turn 3. Making Left Turn 4. Making U Turn 5. Starting from Parking 6. Starting in Traffic 7. Slowing or Stopping 8. Stopped in Traffic 9. Entering Parked Position 10. Parked 11. Avoiding Object in Roadway 12. Changing Lanes 13. Passing 14. Merging 15. Backing 18. Police Pursuit 20. Other * <p>LOCATION OF FIRST EVENT</p> <table style="width:100%;"> <tr> <td>1. On Roadway</td> <td>2. Off Roadway</td> </tr> </table> <p>TYPE OF ACCIDENT - COLLISION WITH</p> <table style="width:100%;"> <tr> <td>1. Other Motor Vehicle</td> <td>6. In-Line Skater</td> </tr> <tr> <td>2. Pedestrian</td> <td>7. Deer</td> </tr> <tr> <td>3. Bicyclist</td> <td>8. Other Pedestrian</td> </tr> <tr> <td>4. Animal</td> <td>10. Other Object (Not Fixed)</td> </tr> <tr> <td>5. Railroad Train</td> <td></td> </tr> </table> <p>COLLISION WITH FIXED OBJECT</p> <ol style="list-style-type: none"> 11. Light Support/Utility Pole 12. Guide Rail-Not At End 25. Guide Rail-End 13. Crash Cushion 14. Sign Post 15. Tree 16. Building/Wall 17. Curbing 18. Fence 19. Bridge Structure 20. Culvert/Head Wall 21. Median-Not At End 26. Median-End 27. Barrier 22. Snow Embankment 23. Earth Embankment/Rock Cut/Ditch 24. Fire Hydrant 30. Other Fixed Object* <p>NO COLLISION</p> <ol style="list-style-type: none"> 31. Overturned 32. Fire/Explosion 33. Submersion 34. Ran Off Roadway Only 40. Other* 	1. On Roadway	2. Off Roadway	1. Other Motor Vehicle	6. In-Line Skater	2. Pedestrian	7. Deer	3. Bicyclist	8. Other Pedestrian	4. Animal	10. Other Object (Not Fixed)	5. Railroad Train	
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New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".



COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes
 12-00684

AMENDED REPORT **DMV COPY**

19
4

1 Accident Date: 01/17/2012 Day of Week: TU Military: 1420 No. of Vehicles: 2 No. Injured: No. Killed: Not Investigated at Scene: Left Scene: Police Photos: Yes No
 Accident Reconstructed:

2 VEHICLE 1 - Driver License ID Number: 853517630 State of Lic.: NY VEHICLE 2 - Driver License ID Number: 270348499 State of Lic.: NY
 Driver Name - exactly as printed on license: OBRIEN, KAREN, A Address (Include Number & Street): 53 CRAWFORD RD City or Town: HARRISON NY State: NY Zip Code: 10528
 VEHICLE 2 - Driver Name - exactly as printed on license: DAVILA, WANDA, Y Address (Include Number & Street): 100 CASALS PL City or Town: BLOOM NY State: NY Zip Code: 10475

3 Date of Birth: 01/01/60 Sex: F Unlicensed: No. of Occupants: 2 Public Property Damaged: Date of Birth: 12/12/55 Sex: F Unlicensed: No. of Occupants: 2 Public Property Damaged:
 Name - exactly as printed on registration: LICHTENAUER, S, C Sex: X Date of Birth: X/X/X Year: WESTKESTEIL, COUNTY; Name - exactly as printed on registration: Address (Include Number & Street): 53 CRAWFORD RD City or Town: HARRISON NY State: NY Zip Code: 10528
 Address (Include Number & Street): 100 EAST FIRST ST City or Town: MOUNT VERNON NY State: NY Zip Code: 10550

4 Plate Number: 5J2217 State of Reg.: NY Vehicle Year & Make: 2006 GMC Vehicle Type: SUBV License Code: 639 Plate Number: M70678 State of Reg.: NY Vehicle Year & Make: 2010 FORD Vehicle Type: License Code: 117
 5 Ticket/Arrest Number(s): Violation Section(s):

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 1 12 5 Enter up to three more Damage Codes: 1 12 5
 VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 8 7 Box 2 - Most Damage: 3 4 5 Enter up to three more Damage Codes: 3 4 5
 ACCIDENT DIAGRAM: [Diagram showing vehicle positions and directions]

7 Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County: WEST City/Village/Town of: RYE Road on which accident occurred: Playland Access DR (Route Number or Street Name) at 1) intersecting street: (Route Number or Street Name) or 2) RD of Theodore Fremd Ave (Milepost, Nearest intersecting Route Number or Street Name)

8 Accident Description/Officer's Notes: Vehicle #2 driver stated she was stationary, waiting at a steady red traffic signal when vehicle #1 rear ended her. Vehicle #1 driver stated she didn't realize vehicle #2 came to a stop and rear ended vehicle #2. No injuries reported.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	4	1	52	F	-	-	-	-	-	-	-	OBRIEN, KAREN, A	-
B	2	1	4	1	56	F	-	-	-	-	-	-	-	DAVILA, WANDA, Y	-
C	2	6	4	1	X	M	-	-	-	-	-	-	-	SCARFONE, FRANK	-
D															
E															
F															

9 Officer's Rank and Signature: [Signature] Print Name in Full: DAVID BIVELA Badge/ID No.: 21 NCIC No.: 05908 Precinct/Post/Troop/Zone: 3 Station/Beat/Sector: 1A00L Reviewing Officer: JIM HUNTER Date/Time Reviewed: 1/17/12

USE COVER SHEET
N

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway*
- 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other*

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other*

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other*

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other*

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX M/F

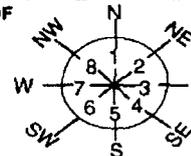
APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 8. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 6. Felt Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**

If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other*

LOCATION OF FIRST EVENT

- 1. On Roadway 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

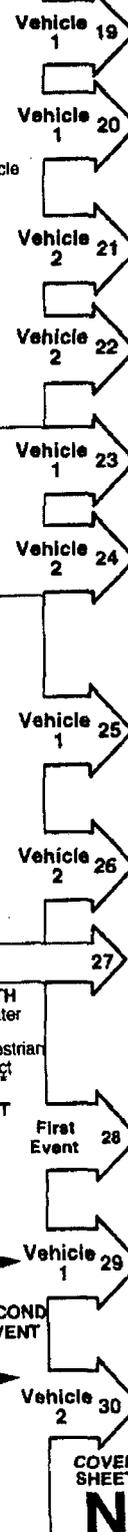
- 1. Other Motor Vehicle 6. In-Line Skater
- 2. Pedestrian 7. Deer
- 3. Bicyclist 8. Other Pedestrian
- 4. Animal 10. Other Object (Not Fixed)
- 5. Railroad Train

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other



COVER SHEET N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
11-01593
11-09041

AMENDED REPORT

1 Accident Date: 08/08/2011, Day of Week: Mon, Military Time: 1221, No. of Vehicles: 4, No. Injured: 3, No. Killed: -, Not Investigated at Scene: , Left Scene: , Police Photos: Yes No, Accident Reconstructed:

2 VEHICLE 1 - Driver License ID Number: 639 120 069 NY, Driver Name: DEMARK, Vincent JR, Address: 300 Westchester Ave, City: PRT CHESTER, State: NY, Zip Code: 10573. VEHICLE 2 - Driver License ID Number: 113 225 615 NY, Driver Name: GASPERINO, BARBARA, A, Address: 23 AVONDALE RD, City: HARRISON, State: NY, Zip Code: 10528.

3 Date of Birth: 12/25/1931, Sex: M, Unlicensed: , No. of Occupants: 2, Public Property Damaged: . Date of Birth: 01/08/1961, Sex: F, Unlicensed: , No. of Occupants: 1, Public Property Damaged: . Name: DEMARK, Vincent JR, Date of Birth: 12/25/1931. Name: GASPERINO, BARBARA, A, Date of Birth: 01/08/1961. Address: SAME, City: SAME.

4 Plate Number: AJL 1883 NY, Vehicle Year & Make: 2006/Toyota, Vehicle Type: 4050. Plate Number: AG632D NY, Vehicle Year & Make: 2002/Saturn, Vehicle Type: 4050 Geo. Ticket/Arrest Number(s):, Violation Section(s):.

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 9, 8; Box 2 - Most Damage: 7, 6, 10. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 2, 3; Box 2 - Most Damage: 8, 9. ACCIDENT DIAGRAM: Sideswipe (same direction) 2, Left Turn 0, Right Turn 5, Head On 7, Right Angle 4, Sideswipe (opposite direction) 8.

7 Vehicle Towed: By Hannigans, To Port Chester. VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine, Yes, No.

8 Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County Westchester, City of RYE, Road on which accident occurred THEODORE FREED AVE, at 1) intersecting street PLAYLAND ACCESS.

9 Accident Description/Officer's Notes: Dispatched to said location on report of Veh. Accident. Spoke to operator of Veh. 1 who stated he was stopped @ traffic light when struck by Veh. 2. Pass. of Veh. 1 stated same. Operator of Veh. 2 stated she was stopped @ red light when struck by Veh. 3 causing her to hit Veh. 1. Oper of Veh. 2 transported to Mt. Plains CR.

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO 18	Names of all involved	Date of Death Only
A	1	1	2	1	80	M	-	-	-	-	-	-	VINCENT DEMARK	-
B	1	3	2	1	84	F	-	-	-	-	-	-	EVANGELINE DEMARK	-
C	2	1	-	1	49	F	2	12	6	77A-23	5913	-	BARBARA GASPERINO	-
D	3	1	-	1	73	M	1	2	6	77A-21	-	-	LUCAS JEMIO	-
E	3	3	-	1	-	F	12	12	6	77A-21	-	-	MARTHA JEMIO	-
F	-	-	-	-	-	-	-	-	-	-	-	-	-	-

10 Officer's Rank and Signature: P.O. [Signature], Print Name in Full: A. LOMBARDO, Badge/ID No.: 16, NCIC No.: 05988, Precinct/Post/Station/Beat/Troop/Zone: 2 Rye, Reviewing Officer: Sgt HUNTER, Date/Time Reviewed: 8/8/11.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
11-01593
11-09041

AMENDED REPORT

19

1	Accident Date Month: 08, Day: 08, Year: 2011	Day of Week Mon	Military Time 1221	No. of Vehicles 4	No. Injured 3	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
	VEHICLE 3			VEHICLE 4			BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		

20

2	VEHICLE 1 - Driver License ID Number 716 600 176	State of Lic. NY	VEHICLE 2 - Driver License ID Number 076 376 726	State of Lic. CT
	Driver Name - exactly as printed on license Jemio, Lucas		Driver Name - exactly as printed on license MURZINSKI, Marek	
	Address (Include Number & Street) 410 ORCHARO S.	Apt. No. -	Address (Include Number & Street) 69 LYNN DR	Apt. No. -
	City or Town Port Chester	State NY	City or Town MONROE	State CT
	Zip Code 10573		Zip Code 06468	

21
22

3	Date of Birth Month: 10, Day: 13, Year: 1989	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 07, Day: 14, Year: 1967	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
	Name - exactly as printed on registration SAME					Name - exactly as printed on registration SAME				
	Address (Include Number & Street) SAME					Address (Include Number & Street) SAME				
	City or Town SAME					City or Town SAME				

23
24

4	Plate Number AX108J	State of Reg. NY	Vehicle Year & Make 1997/SUBBU	Vehicle Type Subn	Ins. Code Allstate	Plate Number 68C962	State of Reg. CT	Vehicle Year & Make 2003/DODGE	Vehicle Type Sedan	Ins. Code -
5	Ticket/Arrest Number(s) -					Ticket/Arrest Number(s) -				
	Violation Section(s) -					Violation Section(s) -				

25

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.							
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 1 Box 2 - Most Damage: 2, 1 Enter up to three more Damage Codes: 9, 8, 7	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 3 Box 2 - Most Damage: 3, 3 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	Vehicle Towed: By Hannigans To Port Chester	Vehicle Towed: By Hannigans To Port Chester								

26
27

8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Westchester City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of RYE Road on which accident occurred THEODORE FRIEND AVE (Route Number or Street Name) at 1) intersecting street PLAYLAND ACCESS (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)							
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28

9	Accident Description/Officer's Notes OPER. OF VEH. 2 COMPL. OF PAIN IN HEAD/BACK/NECK, RIGHT FOOT + RIGHT RING FINGER. OPER. OF VEH. 3 STATED STOPPED @ RED LIGHT WHEN STRUCK BY VEH. 4 CAUSING HIM TO HIT VEH. 3. OPER. OF VEH. 3 + PASS. OF VEH. 3 TRANSPORTED TO GREENWICH CTR. FOR HEAD + BACK PAIN. OPER. OF VEH. 4 STATED HE DID NOT SEE LIGHT + CARS STOPPED WHEN HE STRUCK VEH. 3 CAUSING ACCIDENT.									
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29
30

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A																
B																
C																
D																
E																
F																

USE COVER SHEET

Officer's Rank and Signature A. Lombardo	Badge/ID No. 16	NCIC No. 059080	Precinct/Post/Troop/Zone 2	Station/Beat/Sector RYE	Reviewing Officer Sgt Hunter	Date/Time Reviewed 8/8/11
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New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- Pedestrian/Bicyclist/Other Pedestrian at Intersection
- Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- Crossing, With Signal
- Crossing, Against Signal
- Crossing, No Signal, Marked Crosswalk
- Crossing, No Signal, or Crosswalk
- Riding/Walking/Skating Along Highway With Traffic
- Riding/Walking/Skating Along Highway Against Traffic
- Emerging from in Front of/Behind Parked Vehicle
- Going to/From Stopped School Bus
- Getting On/Off Vehicle Other Than School Bus
- Working in Roadway
- Playing in Roadway
- Other Actions in Roadway *
- Not in Roadway (Indicate) *

TRAFFIC CONTROL

1. None	10. RR Crossing Gates
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing
3. Stop Sign	12. Construction Work Area
4. Flashing Light	13. Maintenance Work Area
5. Yield Sign	14. Utility Work Area
6. Officer/Guard	15. Police/Fire Emergency
7. No Passing Zone	16. School Zone
8. RR Crossing Sign	20. Other *
9. RR Crossing Flashing Light	

LIGHT CONDITIONS

- Daylight
- Dawn
- Dusk
- Dark-Road Lighted
- Dark-Road Unlighted

ROADWAY CHARACTER

- Straight and Level
- Straight and Grade
- Straight at Hillcrest
- Curve and Level
- Curve and Grade
- Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry	4. Snow/Ice
2. Wet	5. Slush
3. Muddy	6. Flooded
	0. Other *

WEATHER

- Clear
- Cloudy
- Rain
- Snow
- Sleet/Hail/Freezing Rain
- Fog/Smog/Smoke
- Other *

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1	A. All-Terrain Vehicle (ATV)	O. Other *
2. Vehicle No. 2	B. Bicyclist	P. Pedestrian
	I. In-Line Skater	S. Snowmobiler

POSITION IN/ON VEHICLE

1. Driver	2-7. Passengers
8. Riding/Hanging on Outside	

SAFETY EQUIPMENT USED

- None
- Lap Belt
- Harness
- Lap Belt/Harness
- Child Restraint Only
- Helmet (Motorcycle Only)
- Air Bag Deployed
- Air Bag Deployed/Lap Belt
- Air Bag Deployed/Harness
- Air Bag Deployed/Lap Belt/Harness
- Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- Helmet Only
- Helmet/Other
- Pads Only
- Stoppers Only
- Other *

EJECTION FROM VEHICLE

1. Not Ejected	AGE	SEX
2. Partially Ejected		M/F
3. Ejected		

TYPE OF PHYSICAL COMPLAINT

- Amputation
- Concussion
- Internal
- Minor Bleeding
- Severe Bleeding
- Minor Burn
- Moderate Burn
- Severe Burn
- Fracture - Dislocation
- Contusion - Bruise
- Abrasion
- Complaint of Pain
- None Visible
- Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- Apparent Death
- Unconscious
- Semiconscious
- Incoherent
- Shock
- Conscious

INJURED TAKEN

17 BY	TO	18
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APPARENT CONTRIBUTING FACTORS

Human

- Alcohol Involvement
- Backing Unsafely
- Driver Inattention/Distracted*
- Driver Inexperience*
- Drugs (Illegal)
- Failure to Yield Right-of-Way
- Failure to Keep Right
- Fatigued/Drowsy
- Fall Asleep
- Following Too Closely
- Illness
- Lost Consciousness
- Passenger Distraction
- Passing or Lane Usage Improper
- Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- Physical Disability
- Prescription Medication
- Traffic Control Disregarded
- Turning Improperly
- Unsafe Speed
- Unsafe Lane Changing
- Cell Phone (hand-held)
- Cell Phone (hands-free)
- Other Electronic Device*
- Outside Car Distraction*
- Reaction to Other Uninvolved Vehicle
- Aggressive Driving/Road Rage

Vehicular

- Accelerator Defective
- Brakes Defective
- Headlights Defective
- Other Lighting Defects
- Oversized Vehicle
- Steering Failure
- Tire Failure/Inadequate
- Tow Hitch Defective
- Windshield Inadequate
- Driverless/Runaway Vehicle
- Other Vehicular*

Environmental

- Animal's Action
- Glare
- Lane Marking Improper/Inadequate
- Obstruction/Debris
- Pavement Defective
- Pavement Slippery
- Shoulders Defective/Improper
- Traffic Control Device Improper/Non-Working
- View Obstructed/Limited

DIRECTION OF VEHICLE:

PRE-ACCIDENT VEHICLE ACTION

- Going Straight Ahead
- Making Right Turn
- Making Right Turn on Red
- Making Left Turn
- Making Left Turn on Red
- Making U Turn
- Starting from Parking
- Starting in Traffic
- Slowing or Stopping
- Stopped in Traffic
- Entering Parked Position
- Parked
- Avoiding Object in Roadway
- Changing Lanes
- Passing
- Merging
- Backing
- Police Pursuit
- Other *

LOCATION OF FIRST EVENT

1. On Roadway	2. Off Roadway
---------------	----------------

TYPE OF ACCIDENT - COLLISION WITH

1. Other Motor Vehicle	6. In-Line Skater
2. Pedestrian	7. Deer
3. Bicyclist	8. Other Pedestrian
4. Animal	10. Other Object (Not Fixed)*
5. Railroad Train	

COLLISION WITH FIXED OBJECT

- Light Support/Utility Pole
- Guide Rail-Not At End
- Crash Cushion
- Sign Post
- Tree
- Building/Wall
- Curbing
- Fence
- Bridge Structure
- Culvert/Head Wall
- Median-Not At End
- Median-End
- Barrier
- Snow Embankment
- Earth Embankment/Rock Cut/Ditch
- Fire Hydrant
- Other Fixed Object*

NO COLLISION

- Overtaken
- Fire/Explosion
- Submersion
- Ran Off Roadway Only
- Other*

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- Head
- Face
- Eye
- Neck
- Chest
- Back
- Shoulder-Upper Arm
- Elbow-Lower Arm-Hand
- Abdomen - Pelvis
- Hip-Upper Leg
- Knee-Lower Leg-Foot
- Entire Body

COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
12-11949

AMENDED REPORT

1 Accident Date: 10/31/2012, Day of Week: Wed, Military Time: 1126, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: , Left Scene: , Police Photos: Yes, No, Accident Reconstructed:

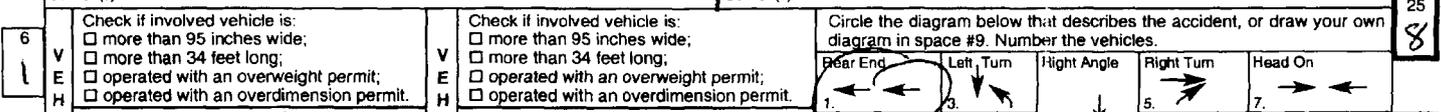
2 VEHICLE 1 - Driver License ID Number: 486423371, State of Lic.: NY, Driver Name: McElligott, Patrick G, Address: 4 Avis Ct, City/Town: Blauvelt, State: NY, Zip Code: 10913. VEHICLE 2 - Driver License ID Number: 106783000, State of Lic.: NY, Driver Name: Rosenow, Kelly S, Address: 186 Crotona Ave, City/Town: Harrison, State: NY, Zip Code: 10528.

3 Date of Birth: 8/14/65, Sex: M, Unlicensed: , No. of Occupants: 1, Public Property Damaged: , Date of Birth: 5/12/85, Sex: F, Unlicensed: , No. of Occupants: 1, Public Property Damaged:

4 Name: Kel-Mar Design Inc, Address: 111 John St, City/Town: New York, State: NY, Zip Code: 10038. Name: Same as Above, Address: [Redacted], City/Town: [Redacted], State: [Redacted], Zip Code: [Redacted].

5 Plate Number: 82259AS, State of Reg.: NY, Vehicle Year & Make: 2006 Chev Truck, Ins. Code: 011. Plate Number: EBWSY26, State of Reg.: NY, Vehicle Year & Make: 2008 Hyundai PAS, Ins. Code: 639.

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1, 2; Box 2 - Most Damage: 8, 8. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 2, 2; Box 2 - Most Damage: 3, 1.



7 Vehicle Towed: Vehicle 1 by [Redacted] to [Redacted]; Vehicle 2 by Hannigan's to Hannigan's. VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

8 Reference Marker: [Empty]. Coordinates (if available): [Empty]. Place Where Accident Occurred: County: West, City/Village/Town: Pigeon, Road on which accident occurred: Pleyland Access Dr., at 1) intersecting street: [Empty], or 2) 30 Feet Miles NE of Theodore Fremd Ave.

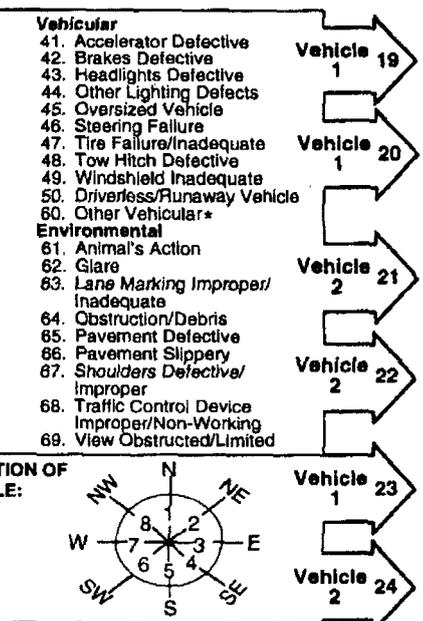
9 Accident Description/Officer's Notes: Driver Veh #1 stated he had to stop for traffic in front of him when he was hit from behind. Driver Veh #2 stated she had an obstructed view from leaves on her windshield and did not see the truck stop in front of her. No injuries reported. Parties exchanged information.

10 ALL INVOLVED: Table with columns for Name, DOB, Sex, Height, Weight, Eyes, Hair, and Date of Death. Rows for McElligott, Patrick and Rosenow, Kelly.

11 Officer's Rank and Signature: Michael Penny, Badge/ID No.: 18, NCIC No.: 0590, Precinct/Post: 822 Post 3, Station/Beat/Sector: Aron, Reviewing Officer: Sgt. [Redacted], Date/Time Reviewed: 10-31-12 2215.

- PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection
- PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**
1. Crossing, With Signal
 2. Crossing, Against Signal
 3. Crossing, No Signal, Marked Crosswalk
 4. Crossing, No Signal or Crosswalk
 5. Riding/Walking/Skating Along Highway With Traffic
 6. Riding/Walking/Skating Along Highway Against Traffic
 7. Emerging from in Front of/Behind Parked Vehicle
 8. Going to/From Stopped School Bus
 9. Getting On/Off Vehicle Other Than School Bus
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway*
 14. Not in Roadway (Indicate)*
- TRAFFIC CONTROL**
- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other* |
| 9. RR Crossing Flashing Light | |

- APPARENT CONTRIBUTING FACTORS**
- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage
- Vehicular**
41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited



- LIGHT CONDITIONS**
1. Daylight
 2. Dawn
 3. Dusk
 4. Dark-Road Lighted
 5. Dark-Road Unlighted
- ROADWAY CHARACTER**
1. Straight and Level
 2. Straight and Grade
 3. Straight at Hillcrest
 4. Curve and Level
 5. Curve and Grade
 6. Curve at Hillcrest
- ROADWAY SURFACE CONDITION**
- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other* |
- WEATHER**
1. Clear
 2. Cloudy
 3. Rain
 4. Snow
 5. Sleet/Hail/Freezing Rain
 6. Fog/Smog/Smoke
 0. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

- WHICH VEHICLE OCCUPIED**
- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other* |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |
- POSITION IN/ON VEHICLE**
- | | |
|------------------------------|-----------------|
| 1. Driver | 2-7. Passengers |
| 8. Riding/Hanging on Outside | |
- SAFETY EQUIPMENT USED**
1. None
 2. Lap Belt
 3. Harness
 4. Lap Belt/Harness
 5. Child Restraint Only
 6. Helmet (Motorcycle Only)
 7. Air Bag Deployed
 8. Air Bag Deployed/Lap Belt
 9. Air Bag Deployed/Harness
 - A. Air Bag Deployed/Lap Belt/Harness
 - B. Air Bag Deployed/Child Restraint
- In-Line Skater/Bicyclist**
- C. Helmet Only
 - D. Helmet/Other
 - E. Pads Only
 - F. Stoppers Only
 0. Other*
- EJECTION FROM VEHICLE**
1. Not Ejected
 2. Partially Ejected
 3. Ejected
- | | |
|-----|-----|
| AGE | SEX |
| M/F | |

- LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**
1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body
- TYPE OF PHYSICAL COMPLAINT**
1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash
- VICTIM'S PHYSICAL AND EMOTIONAL STATUS**
1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious
- INJURED TAKEN**
- 17 BY | TO 18

- DIRECTION OF VEHICLE:**
-
- PRE-ACCIDENT VEHICLE ACTION**
1. Going Straight Ahead
 2. Making Right Turn
 3. Making Left Turn
 4. Making U Turn
 5. Starting from Parking
 6. Starting in Traffic
 7. Slowing or Stopping
 8. Stopped in Traffic
 9. Entering Parked Position
 10. Parked
 11. Avoiding Object in Roadway
 12. Changing Lanes
 13. Passing
 14. Merging
 15. Backing
 18. Police Pursuit
 20. Other*
- LOCATION OF FIRST EVENT**
1. On Roadway
 2. Off Roadway
- TYPE OF ACCIDENT - COLLISION WITH**
- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |
- COLLISION WITH FIXED OBJECT**
11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

8 9 10 11 12 13 14 15 16 17 BY | TO 18

Local Codes
11-9537

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

AMENDED REPORT

1	Accident Date Month: 07, Day: 25, Year: 11 Day of Week: MON Military Time: 1507 No. of Vehicles: 2 No. Injured: 0 No. Killed: 0 Not Investigated at Scene: <input checked="" type="checkbox"/> Left Scene: <input type="checkbox"/> Police Photos: <input type="checkbox"/> Accident Reconstructed: <input type="checkbox"/> Yes/No: <input type="checkbox"/>	20	
2	VEHICLE 1 License ID Number: 268 833 70 Driver Name: McManus, Joseph M Address: 2 Evergreen Ln City/Town: Leckminst, NY State: NY, Zip Code: 10538	VEHICLE 2 License ID Number: 303 514 683 Driver Name: Rankarak, Saharak Address: 4402 Sumner Ave City/Town: Brook, NY State: NY, Zip Code: 10466	21
3	Date of Birth: 03/06/35, Sex: M, Unlicensed: <input type="checkbox"/> Name: McManus, Joseph Address: 2 Washington St, City/Town: Leckminst, NY, State: NY, Zip Code: 10538	Date of Birth: 06/27/50, Sex: M, Unlicensed: <input type="checkbox"/> Name: Rankarak, Saharak Address: 408 Grace Ave, City/Town: Brook, NY, State: NY, Zip Code: 10466	22
4	Plate Number: ANH1076, State of Reg: NY, Vehicle Year & Make: 11 Ford Focus Vehicle Type: Sedan, Ins. Code: 4	Plate Number: DGN4469, State of Reg: NY, Vehicle Year & Make: 05 Jeep 4dr Vehicle Type: SUV, Ins. Code: 4	23
5	Ticket/Arrest Number(s): Great Neck #1530549.01 Violation Section(s):	Ticket/Arrest Number(s): State Park #057580212930A Violation Section(s):	24

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM Diagram 1: Sideswipe (same direction) Diagram 2: Left Turn Diagram 3: Right Turn Diagram 4: Right Angle Diagram 5: Right Turn Diagram 6: Right Turn Diagram 7: Head On Diagram 8: Sideswipe (opposite direction)	26
8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Diagram showing vehicle damage coding locations (1-13).	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: West, City: Leek Road on which accident occurred: Highland Ave Dr at 1) intersecting street: Throbs Ford Ave or 2) _____ Feet _____ Miles _____ (Milepost, Nearest intersecting Route Number or Street Name)	29
Accident Description/Officer's Notes Vehicle #1 stopped at traffic light on Highland access. Vehicle #2 turning left onto Highland access from Throbs Ford. Vehicle #2 lost control due to rain on pavement.			30

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	2	1	76.M	-	-	-	-	-	-	-	-	McManus, Joseph	
B	1	1	2	1	50.M	-	-	-	-	-	-	-	-	Rankarak, Saharak	
C															
D															
E															
F															

Officer's Rank and Signature: PO [Signature]	Badge/ID No.: 200528	NCIC No.: 15	Precinct/Post Troop/Zone: 3	Station/Beat Sector: 3	Reviewing Officer: [Signature]	Date/Time Reviewed: 7/29/11 1600
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE	SEX
	M/F

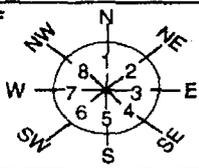
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN
17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

Vehicle 19

Vehicle 20

Vehicle 21

Vehicle 22

Vehicle 23

Vehicle 24

Vehicle 25

Vehicle 26

Vehicle 27

First Event 28

Vehicle 1 29

SECOND EVENT

Vehicle 2 30

COVER SHEET

N

Local Codes
11-5868

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
 AMENDED REPORT **DMV COPY**

11-5868

19

1	Accident Date Month: 5, Day: 22, Year: 2011	Day of Week SUN	Military Time 0030	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	VEHICLE 1			VEHICLE 2			BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		

2	VEHICLE 1 - Driver License ID Number: 914 292 454 Driver Name: Ward, Sedgwick, A Address: PP. Box 223 City/Town: Shelter Island, NY, Zip Code: 11964	State of Lic.: NY	VEHICLE 2 - Driver License ID Number: 559 930 076 Driver Name: Son, Son, Ye Address: 17 Broadway City/Town: Harrison, NY, Zip Code: 10528	State of Lic.: NY
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3	Date of Birth: 8/26/72, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 8/3/68, Sex: F, Unlicensed: <input type="checkbox"/> No. of Occupants: 3, Public Property Damaged: <input type="checkbox"/>
4	Name: Ward, Sedgwick, A, Address: 224 North St, City/Town: Rye, NY, Zip Code: 10580	Name: Son, Son, Ye, Address: 17 Broadway, City/Town: Harrison, NY, Zip Code: 10528

5	Plate Number: CMK-8832, State of Reg.: NY, Vehicle Year & Make: 07 Audi, Vehicle Type: Subv, Ins. Code: 355	Plate Number: FMC-9334, State of Reg.: NY, Vehicle Year & Make: 2011 Acura, Vehicle Type: Subv, Ins. Code: -
6	Ticket/Arrest Number(s): Ins CO - United Services Automobile Assn	Ticket/Arrest Number(s): Ins CO - Geico Indemnity Co
7	Violation Section(s): Polys - 00042 28 060	Violation Section(s): Polys - 4071507745

8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 8, 2 Box 2 - Most Damage: 8, 2 Enter up to three more Damage Codes: 9, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 2, 2 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM Diagram 1: Left Turn (circled), 2: Sideswipe (same direction), 3: Left Turn, 4: Right Turn, 5: Right Angle, 6: Right Turn, 7: Head On, 8: Right Turn, 9: Sideswipe (opposite direction)

10	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
----	--	--

11	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: West, City/Village/Town: Rye Road on which accident occurred: Playground Access Dr at 1) intersecting street: Theodore Field Ave or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)
----	------------------	--	--

Accident Description/Officer's Notes: Operator vehicle #1 stated he was stopped for traffic light and was struck from behind by vehicle #2. Operator vehicle #2 stated she fell asleep and drove into the rear of vehicle #1.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	79	M	-	13	6	-	-	-	-	Ward, Sedgwick, A	-
B	2	1	4	1	42	F	-	13	6	-	-	-	-	Son, Son, Ye	-
C	2	3	4	1	19	M	-	13	6	-	-	-	-	Song, Richard	-
D	2	6	4	1	17	M	-	13	6	-	-	-	-	Song, Kevin	-
E															
F															

Officer's Rank and Signature: [Signature]	Badge/ID No.: 33	NGIC No.: WY059 0800	Precinct/Post Troop/Zone: CLYE	Station/Beat/Sector: 3	Reviewing Officer: SGT HUNTER	Date/Time Reviewed: 5/22/11
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USE COVER SHEET

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

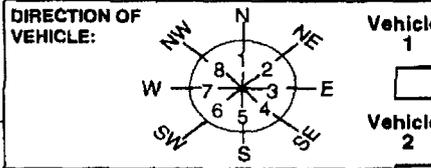
TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN BY TO



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

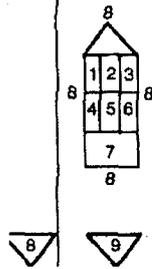
In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE SEX M/F



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
11-8841

AMENDED REPORT

DMV COPY

1	Accident Date Month: 08, Day: 02, Year: 11 Day of Week: Tue Military Time: 1910 No. of Vehicles: 3 No. Injured: 1 No. Killed: 0 Not Investigated at Scene: <input checked="" type="checkbox"/> Accident Reconstructed: <input type="checkbox"/> Left Scene: <input type="checkbox"/> Police Photos: <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	20	
2	VEHICLE 1 Driver License ID Number: 558 863 611 Driver Name: Obayev, Gregory Address: 98-20 62nd Dr City/Town: Rego Park, NY 11574 State: NY, Zip Code: 11574	VEHICLE 2 Driver License ID Number: 329 035 752 Driver Name: Livingston, Richard Address: 160 Theodore Fremd Ave City/Town: RE, NY 10580 State: NY, Zip Code: 10580	21
3	Date of Birth: 07/02/73, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 3, Public Property Damaged: <input type="checkbox"/> Name: Obayev, Gregory Address: 98-20 62nd Dr, City/Town: Rego Park, NY 11574	Date of Birth: 02/14/54, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/> Name: Livingston, Richard Address: 160 Theodore Fremd, City/Town: RE, NY 10580	22
4	Plate Number: EAS 9549, State of Reg: NY, Vehicle Year & Make: 10 Honda, Vehicle Type: 405A, Ins. Code: <input checked="" type="checkbox"/> Ticket/Arrest Number(s): Travellers #988 9168621011	Plate Number: BEL 2762, State of Reg: NY, Vehicle Year & Make: 05 Honda, Vehicle Type: 405A, Ins. Code: <input checked="" type="checkbox"/> Ticket/Arrest Number(s): Geco #4001356752	23
5	Violation Section(s):	Violation Section(s):	24

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 8 8 Box 2 - Most Damage: 8 8 Enter up to three more Damage Codes: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 7 Box 2 - Most Damage: 8 7 Enter up to three more Damage Codes: 2 4 5	ACCIDENT DIAGRAM Diagram showing vehicle positions and directions. Includes handwritten notes: "19th St", "Theodore Fremd", "Platford Access".	26
8	Vehicle Towed: To: -	Vehicle Towed: By: Hanger, To: Impound	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine, <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No	27
9	Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: WEST, City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: RE Road on which accident occurred: Theodore Fremd at 1) intersecting street: Platford Access Dr or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	28

Accident Description/Officer's Notes: Vehicle #1 and #2 stopped at light. Driver of vehicle #3 states he couldn't stop in time and struck vehicle #2. Vehicle #2 struck vehicle #1.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	2	1	37 M	-	-	-	-	-	-	-	-	Obayev, Gregory	
B	1	3	2	1	40 M	-	-	-	-	-	-	-	-	Obayev, Greg	
C	1	6	2	1	84 M	5	12	-	-	-	-	-	-	Obayev, Lev	
D	2	1	2	1	46 M	12	12	-	-	-	-	-	-	Livingston, Richard	
E	2	3	2	1	44 F	-	-	-	-	-	-	-	-	Livingston, Jennifer	
F	3	1	2	1	35 M	-	-	-	-	-	-	-	-	Winer, David	

Officer's Rank and Signature: P.O. Daniel Corcoran
Print Name in Full: P.O. Daniel Corcoran
Badge/ID No.: 20, NCIC No.: 05708, Precinct/Post Troop/Zone: 18, Station/Beat/Sector: 3, Reviewing Officer: Sgt HUNTER, Date/Time Reviewed: 8/2/11

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
11-8841

AMENDED REPORT

DMV COPY

19
9

1	Accident Date Month: 08 Day: 02 Year: 11	Day of Week Tue	Military Time 1910	No. of Vehicles 3	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
	Accident Reconstructed <input type="checkbox"/>									

2	VEHICLE 1				VEHICLE 2				BICYCLIST				PEDESTRIAN				OTHER PEDESTRIAN				21
	License ID Number: 528-335 419				State of Lic.:				License ID Number:				State of Lic.:								22
	Driver Name - exactly as printed on license: Nunez, Alexis				Driver Name - exactly as printed on license:				Address (Include Number & Street): 56 Grant Ave				Apt. No.:				City or Town: Brooklyn State: NY Zip Code: 11208				23

3	Date of Birth: 11/06/75 M	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged: <input type="checkbox"/>	Date of Birth: 11/06/75 M	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged: <input type="checkbox"/>	24										
	Name - exactly as printed on registration: Chillogatto, Sean				Name - exactly as printed on registration:				Address (Include Number & Street): 56 Grant Ave				Apt. No.:				City or Town: Brooklyn State: NY Zip Code: 11208				25

4	Plate Number: 2E05705	State of Reg: NY	Vehicle Year & Make: 75 MAZ	Vehicle Type: SUV	Ins. Code: U	Plate Number:	State of Reg:	Vehicle Year & Make:	Vehicle Type:	Ins. Code:	26					
5	Ticket/Arrest Number(s): USRA 0228451167102					Ticket/Arrest Number(s):					Violation Section(s):					27

6	Check if involved vehicle is:		Check if involved vehicle is:		Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.						28
	<input type="checkbox"/> more than 95 inches wide;		<input type="checkbox"/> more than 95 inches wide;		Rear End 1. ← ← ←						29
	<input type="checkbox"/> more than 34 feet long;		<input type="checkbox"/> more than 34 feet long;		Left Turn 3. ↙ ↘						30
	<input type="checkbox"/> operated with an overweight permit;		<input type="checkbox"/> operated with an overweight permit;		Right Angle 4. ↓						31
	<input type="checkbox"/> operated with an overdimension permit.		<input type="checkbox"/> operated with an overdimension permit.		Right Turn 5. ↘ ↙						32
7	VEHICLE 1 DAMAGE CODES		VEHICLE 2 DAMAGE CODES		ACCIDENT DIAGRAM						33
	Box 1 - Point of Impact: 2 3		Box 1 - Point of Impact: 1 2		Sideswipe (same direction) 2. ← ← ←						34
	Box 2 - Most Damage: 3 4 5		Box 2 - Most Damage: 3 4 5		Left Turn 0. ↙ ↘						35
	Enter up to three more Damage Codes: 3 4 5		Enter up to three more Damage Codes: 3 4 5		Right Turn 6. ↘ ↙						36
	Vehicle By: Hunter		Vehicle By:		Sideswipe (opposite direction) 8. ← ← ←						37
	Towed: To: Impound		Towed: To:		9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No						38

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:		29
	Latitude/Northing:	County: _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____		
	Longitude/Easting:	Road on which accident occurred: _____ (Route Number or Street Name)		
		at 1) intersecting street: _____ (Route Number or Street Name)		
		or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)		

Accident Description/Officer's Notes																		30
																		31
																		32

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved				Date of Death Only
A																	
B																	
C																	
D																	
E																	
F																	

Officer's Rank and Signature: [Signature]	Badge/ID No.:	NCIC No.:	Precinct/Post Troop/Zone:	Station/Beat/Sector:	Reviewing Officer:	Date/Time Reviewed:
Print Name in Full: [Signature]	20 0508	18	3	Sgt HUNTER	8/2/11	

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway*
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

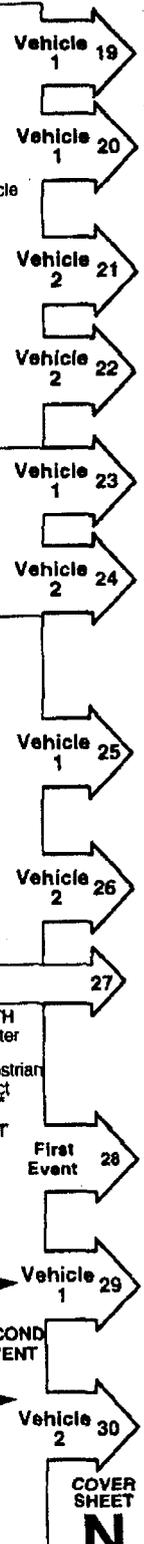
- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX
M/F

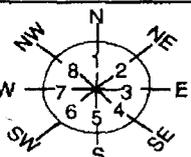
APPARENT CONTRIBUTING FACTORS

- Human**
 - 2. Alcohol Involvement
 - 3. Backing Unsafely
 - 4. Driver Inattention/Distracted*
 - 5. Driver Inexperience*
 - 6. Drugs (Illegal)
 - 7. Failure to Yield Right-of-Way
 - 27. Failure to Keep Right
 - 21. Fatigued/Drowsy
 - 8. Fell Asleep
 - 9. Following Too Closely
 - 10. Illness
 - 11. Lost Consciousness
 - 12. Passenger Distraction
 - 13. Passing or Lane Usage Improper
 - 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 - 15. Physical Disability
 - 16. Prescription Medication
 - 17. Traffic Control Disregarded
 - 18. Turning Improperly
 - 19. Unsafe Speed
 - 20. Unsafe Lane Changing
 - 22. Cell Phone (hand-held)
 - 23. Cell Phone (hands-free)
 - 24. Other Electronic Device*
 - 25. Outside Car Distraction*
 - 26. Reaction to Other Uninvolved Vehicle
 - 28. Aggressive Driving/Road Rage
- Vehicular**
 - 41. Accelerator Defective
 - 42. Brakes Defective
 - 43. Headlights Defective
 - 44. Other Lighting Defects
 - 45. Oversized Vehicle
 - 46. Steering Failure
 - 47. Tire Failure/Inadequate
 - 48. Tow Hitch Defective
 - 49. Windshield Inadequate
 - 50. Driverless/Runaway Vehicle
 - 60. Other Vehicular*
- Environmental**
 - 61. Animal's Action
 - 62. Glare
 - 63. Lane Marking Improper/Inadequate
 - 64. Obstruction/Debris
 - 65. Pavement Defective
 - 66. Pavement Slippery
 - 67. Shoulders Defective/Improper
 - 68. Traffic Control Device Improper/Non-Working
 - 69. View Obstructed/Limited

VEHICLE INFORMATION



DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN
BY TO 18

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 5. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
14-2365

AMENDED REPORT

19
4

1	Accident Date Month: 03 Day: 14 Year: 2014	Day of Week FRI	Military Time 1445	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
							Accident Reconstructed <input checked="" type="checkbox"/>			

2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		
License ID Number 653014305		State of Lic. NY		License ID Number 712970963		State of Lic. NY		Driver Name - exactly as printed on license SOLTANI, FAERZIN		Driver Name - exactly as printed on license ARJUNE, ANDREW, G	
Address (Include Number & Street) 168 W. HARTSDALE AVE				Apt. No.		Address (Include Number & Street) 4461 Carpenter AVE				Apt. No.	
City or Town HARTSDALE		State NY		Zip Code 10530		City or Town BONX NY		State NY		Zip Code 10470	

3	Date of Birth Month: 12 Day: 25 Year: 1990	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 12 Day: 18 Year: 1990	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	21
Name - exactly as printed on registration SOLTANI, REZA				Sex M		Date of Birth Month: 12 Day: 18 Year: 1990		Name - exactly as printed on registration SAME		Sex M	
Address (Include Number & Street) SAME AS				Apt. No.		Address (Include Number & Street) AS				Apt. No.	
City or Town ABOVE ADDRESS				State		City or Town ABOVE INFO.				State	

4	Plate Number GME1412	State of Reg. NY	Vehicle Year & Make 2000 CHEV SUBV	Vehicle Type SUBV	Ins. Code PA	Plate Number GHK5152	State of Reg. NY	Vehicle Year & Make 2014 HONDA PAS	Vehicle Type PAS	Ins. Code PA	22
Ticket/Arrest Number(s) N/A / Geico Ins						Ticket/Arrest Number(s) N/A / Geico Ins					
Violation Section(s) N/A / P# 4181492697						Violation Section(s) N/A / P# 4321-58-05-59					

5	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	23
6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM North St Theodore Ave Pondview Rd	24
7	Vehicle Towed: NOT TOWED	Vehicle Towed: NOT TOWED	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	25

8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Westchester City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rye City Road on which accident occurred 1110 # 310 Theodore Ave at 1) intersecting street NORTH ST / Pondview Rd or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)	26
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Accident Description/Officer's Notes: **OPER. Vehicle #01 was coming out of Bantahan's Service Station making left onto Theodore Ave, did NOT see Veh #02 + collided with vehicle #02. Vehicle #02, going south on Theodore Ave, when vehicle #01 cut in front of his vehicle + both vehicles collided. No injuries, minor damage**

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	23	M	---	---	6	---	---	---	---	---	SOLTANI, FAERZIN	---
B	2	1	4	1	23	M	---	---	6	---	---	---	---	---	ARJUNE, ANDREW, G	---
C	/															
D	/															
E	/															
F	/															

Officer's Rank and Signature PO Angela G...	Badge/ID No. 23	NCIC No. 091810	Precinct/Post 140	Station/Beat/ Sector 023	Reviewing Officer (Signature)	Date/Time Reviewed 3/15/14 0115
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 8. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 6. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

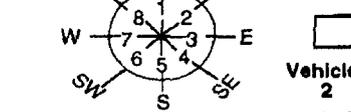
1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN BY TO

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

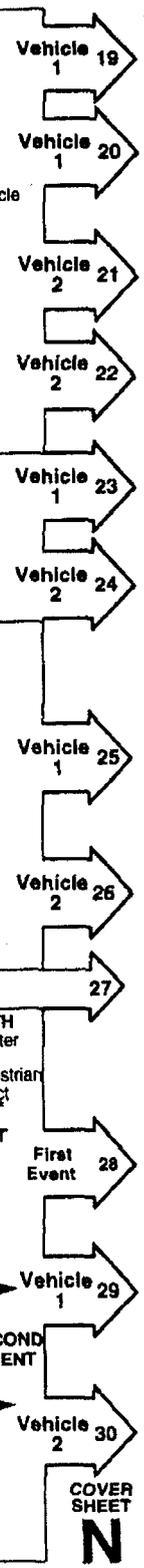
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



WHICH VEHICLE OCCUPIED

1. Vehicle No. 1
 2. Vehicle No. 2
- | | |
|------------------------------|----------------|
| A. All-Terrain Vehicle (ATV) | O. Other * |
| B. Bicyclist | P. Pedestrian |
| I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

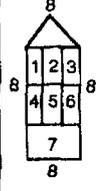
In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE SEX M/F



8 9

10

11 12

13

14 15

16

17 BY TO 18

COVER SHEET
N

Rye Police Department

21 McCullough PL

Rye, NY 10580

Phone: (914) 967-1234 Fax: (914) 967-8341

CAD Ticket Report

Incident# :13-006068

INCIDENT DETAILS

Incident#	CAD CFS	Reported Date	Day of Week	Occurred From
13-006068	CFS.008 Mv Accident - Property Damage	07/30/2013 10:49:02	TUESDAY	07/30/2013 10:49:02
Occurred To	Dispatched Date	Crime Location	CAD Disposition	CAD Disposition Date
07/30/2013 11:28:23	07/30/2013 10:49:28	THEODORE FREMD AV/ North ST Rye,NY 10580	Closed No Report	07/30/2013 11:28:23
Caller Name	Disposition Comment	Primary Officer		
Motorist		P755-Parker, Keith		

DISPATCHER DETAILS

Dispatcher Comment

07/30/2013 10:49:06/No reported injuries

07/30/2013 11:27:05/parties exchanged information and advised they will settle amongst themselves, no report requested at this time.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
13-0839

AMENDED REPORT

1 Accident Date: 01/31/2013, Day of Week: Fri, Military Time: 0727, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: , Left Scene: , Police Photos: Yes No

2 VEHICLE 1: Driver License ID Number 768 061 824, Driver Name Glazer, Aaron, M, Address 36 Prescott Ave, White Plains NY 10605. VEHICLE 2: Driver License ID Number 417 067 489, Driver Name Bizzoco, Lorenzo, Address 107 Maple Ave, Rye NY 10580.

3 Date of Birth: 08/26/81, Sex: M, No. of Occupants: 1, Public Property Damaged: . VEHICLE 2: Date of Birth: 02/06/43, Sex: M, No. of Occupants: 1, Public Property Damaged: .

4 Name: Glazer, Aaron, Address: 36 Prescott Ave, White Plains NY 10605. VEHICLE 2: Name: Bizzoco, Lorenzo, Address: 107 Maple Ave, Rye NY 10580.

5 Ticket/Arrest Number(s): , Violation Section(s): .

6 VEHICLE DAMAGE CODING: Box 1 - Point of Impact: 1, 2; Box 2 - Most Damage: 3, 4, 5. VEHICLE 2 DAMAGE CODING: Box 1 - Point of Impact: 6, 6; Box 2 - Most Damage: 3, 4, 5. ACCIDENT DIAGRAM: #4. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

7 Place Where Accident Occurred: County Westchester, City Rye, Road on which accident occurred Theodore Ford Ave, at 1) intersecting street North Street.

8 Accident Description/Officer's Notes: Driver of vehicle #1 states that as he was going through a blinking yellow light vehicle #2 ran the blinking red light. Driver of vehicle #2 states that as he entered the intersection he did not see vehicle #1 striking vehicle #1.

9 DMV-104A (6/04) - Table with columns for Driver License ID, Name, and Date of Death. Rows for Aaron Glazer and Lorenzo Bizzoco.

10 Officer's Rank and Signature: [Signature], Badge/ID No. 35, NCIC No. 0800, Precinct/Post/Troop/Zone 5, Station/Beat/Sector , Reviewing Officer [Signature], Date/Time Reviewed 2/1/13 0045.

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway*
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other*

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other*

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX M/F

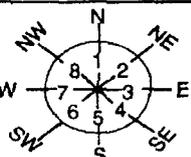
APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 5. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 6. Fall Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

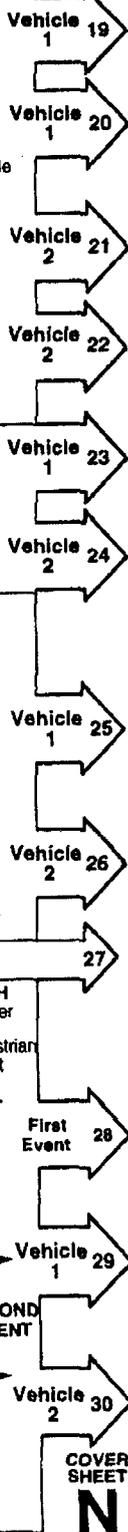
- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*



COVER SHEET N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
13-209

AMENDED REPORT

19
1

1	Accident Date Month: 01, Day: 08, Year: 2013	Day of Week TUE	Military Time 0858	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number: 436929538, State of Lic.: NY Driver Name - exactly as printed on license: ANFUSO, FRANK, JR. Address (Include Number & Street): 24 PALISADE RD, City or Town: Rye, State: NY, Zip Code: 10580				VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number: 545 266 163, State of Lic.: NY Driver Name - exactly as printed on license: BASILE, JOSEPH, CHARLES MICHAEL Address (Include Number & Street): 4274 TRAILING DR., City or Town: WILLIAMSVILLE, State: NY, Zip Code: 14221						21
3	Date of Birth: 05/27/58, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>				Date of Birth: 08/16/71, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>						22
4	Name - exactly as printed on registration: ANFUSO, ORNELLA, Sex: F, Date of Birth: 10/09/30				Name - exactly as printed on registration: BRIGHTHOME ENERGY SOL. LLC, Sex: M, Date of Birth: 08/16/71						23
5	Address (Include Number & Street): S A M E, City or Town: S A M E, State: NY, Zip Code: 10523				Address (Include Number & Street): 5 WESTCHESTER PL. E, City or Town: ELMSFORD, State: NY, Zip Code: 10523						24
6	Plate Number: BLV 4828, State of Reg.: NY, Vehicle Year & Make: 02 SUBARU, Vehicle Type: 4D, Ins. Code: 341				Plate Number: EUT 3776, State of Reg.: NY, Vehicle Year & Make: 09 HONDA, Vehicle Type: 4D, Ins. Code: 327						25
7	Ticket/Arrest Number(s): TRAVELERS INS. Co.				Ticket/Arrest Number(s): STATE FARM INS. Co.						26
8	Violation Section(s): POLICY # 975324291 101 1				Violation Section(s): POLICY # 52-7254-K11						27

9	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	28
10	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 12, Box 2 - Most Damage: 11	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 12, Box 2 - Most Damage: 11	ACCIDENT DIAGRAM #8	29
11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Diagram showing vehicle damage coding boxes 1-13.	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	30

12	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Westchester, City/Village/Town of: Rye Road on which accident occurred: NORTH ST. at 1) intersecting street: or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes
 DRIVER VEH #1 STATES HE WAS DRIVING EASTBOUND ON NORTH ST WHEN VEH #2, DRIVING WESTBOUND ENCROACHED UPON HIS LANE OF TRAFFIC WHILE ATTEMPTING TO NAVIGATE AROUND A GARBAGE TRUCK (STOPPED ON THE SIDE OF THE ROADWAY) CAUSING THEIR VEHICLES TO SIDESWIPE EACH OTHER. DRIVER VEH #2 STATES HE NEVER CROSSED DOUBLE YELLOW WHILE PASSING GARBAGE TRUCK. NO INJURIES REPORTED.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	54	M	-	-	-	-	-	-	-	-	ANFUSO, FRANK, JR.	-
B	2	1	4	1	41	M	-	-	-	-	-	-	-	-	BASILE, JOSEPH, CHARLES MICHAEL	-
C	1	3	4	1	82	F	-	-	-	-	-	-	-	-	ANFUSO, ORNELLA	-
D																
E																
F																

Officer's Rank and Signature: [Signature]	Badge/ID No.: #24	NCIC No.: 0590800	Precinct/Post Troop/Zone: 3	Station/Beat Sector: Rye	Reviewing Officer:	Date/Time Reviewed:
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE SEX M/F

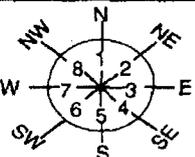
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

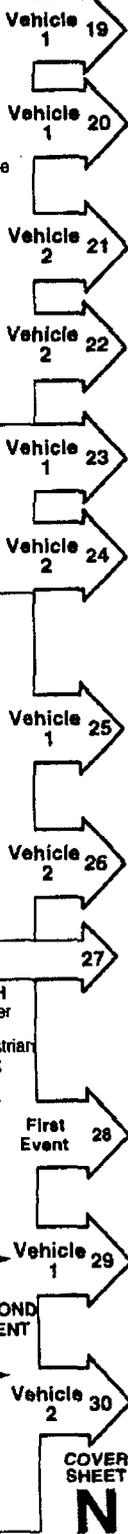
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*



COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-11003

AMENDED REPORT

DMV COPY

19

1	Accident Date Month: 9 Day: 29 Year: 2012	Day of Week Sat	Military Time 1330	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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20

2	VEHICLE 1 License ID Number: 934265847 State of Lic.: NY Driver Name: CARNEVALLA, C, T Address: 71 Oakland Ave Apt. No.: City/Town: HARRISON NY State: NY Zip Code: 10528				VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number: 642677475 State of Lic.: NY Driver Name: Notes, TATYANA Address: 20 Davenport Ave Apt. No.: 2J City/Town: New Rochelle NY State: NY Zip Code: 10805			
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21
22

3	Date of Birth: 9/9/41 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 11/29/48 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>
4	Name: SAME AS ABOVE Sex: Date of Birth: SAME AS ABOVE Sex: Date of Birth: SAME AS ABOVE	Name: SAME AS ABOVE Sex: Date of Birth: SAME AS ABOVE Sex: Date of Birth: SAME AS ABOVE

23
24

5	Plate Number: AHC7365 State of Reg: NY Vehicle Year & Make: 12 Chevy Vehicle Type: 4DSD Ins. Code: 646	Plate Number: AHC8130 State of Reg: NY Vehicle Year & Make: 09 Honda Vehicle Type: SUV Ins. Code: 011
6	Violation Section(s): Policy # A1X-4149791	Violation Section(s): Policy # 903778068 06/19

25
26

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 5 Box 2 - Most Damage: 5 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 2 4 5	ACCIDENT DIAGRAM # 5
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27
28

Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: County: Westchester City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rye Road on which accident occurred: North St at 1) intersecting street: Theodore Fremd Ave or 2) _____ of _____ Feet _____ Miles _____
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29

Accident Description/Officer's Notes: **AT above T/P/O. oper of veh #1 strikes while traveling north on Theodore Fremd Ave veh #2 went through a red light striking her veh #1. Oper of veh #2 strikes while attempting to make a right turn with a green light veh #1 was speeding through a red light striking veh #2. No reported injuries.**

30
USE COVER SHEET

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	71	F	-	13	6	-	-	-	-	CARNEVALLA, C, T	
B	2	1	4	1	64	F	-	13	6	-	-	-	-	Notes, TATYANA	
C	2	3	4	1	52	M	-	13	6	-	-	-	-	Vitali Khomith	
D															
E															
F															

Officer's Rank and Signature: PO Cancel	Badge/ID No.: #11	NCIC No.: 5908	Precinct/Post Troop/Zone: %Rye	Station/Beat Sector: 3	Reviewing Officer: Sgt HUNTER	Date/Time Reviewed: 9/29/12
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DMV FORM 104A (6/04)

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other* |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other* |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other*

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1
 2. Vehicle No. 2
- A. All-Terrain Vehicle (ATV) O. Other*
 B. Bicyclist P. Pedestrian
 I. In-Line Skater S. Snowmobiler

POSITION IN VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other*

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE SEX M/F

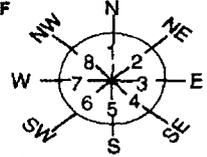
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
 If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other*

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

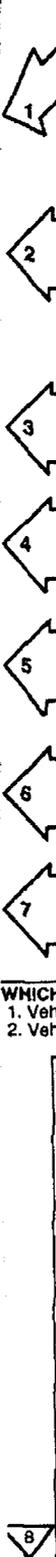
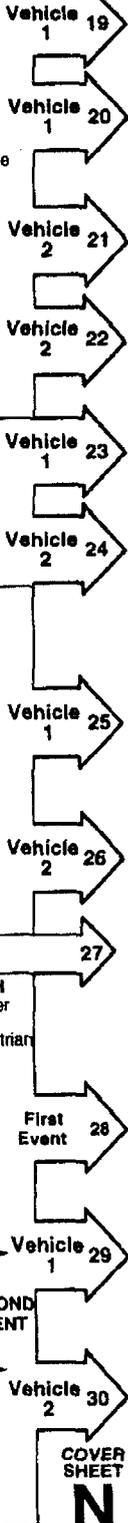
- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
12-6743

AMENDED REPORT

1	Accident Date Month: 06 Day: 04 Year: 12	Day of Week mo	Military Time 0820	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Accident Reconstructed <input type="checkbox"/>								

2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN			
	VEHICLE 1 - Driver License ID Number 891 622 827	State of Lic. NY	VEHICLE 2 - Driver License ID Number 599 462 215	State of Lic. NY				
	Driver Name - exactly as printed on license WHITE NORIKO				Driver Name - exactly as printed on license MAEDA, CHIYOSA			
	Address (Include Number & Street) 30 High ST				Address (Include Number & Street) 131 Maple Ave			
	City or Town Rye				City or Town Rye			
	State NY				State NY			
	Zip Code 10580				Zip Code 10580			

3	Date of Birth Month: 11 Day: 11 Year: 67	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 0	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 10 Day: 11 Year: 76	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 0	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration White, Michael	Sex M	Date of Birth Month: 01 Day: 11 Year: 76	Name - exactly as printed on registration MAEDA, TSUYOSHI	Sex M	Date of Birth Month: 01 Day: 11 Year: 76
	Address (Include Number & Street) 308 High ST			Address (Include Number & Street) 131 Maple Ave		
	City or Town Rye			City or Town Rye		
	State NY			State NY		
	Zip Code 10580			Zip Code 10580		

5	Plate Number FP2268	State of Reg. NY	Vehicle Year & Make 2009 L/RD	Vehicle Type SUBN	Ins. Code 148	Plate Number FMD2378	State of Reg. NY	Vehicle Year & Make 2008 V/DV	Vehicle Type SUBN	Ins. Code 352
---	-------------------------------	----------------------------	---	-----------------------------	-------------------------	--------------------------------	----------------------------	---	-----------------------------	-------------------------

6	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s) INTERNATIONAL license 4-6-13-304	Violation Section(s)
---	-------------------------	----------------------	--	----------------------

7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
---	--	--	--

8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes 3 14 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes 1 14 5	ACCIDENT DIAGRAM DIAGRAM 3
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9	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Place Where Accident Occurred: County Westchester City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rye Road on which accident occurred Theodore Fremd at 1) intersecting street NORTH ST or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Feet _____ Miles _____ (Milepost, Nearest intersecting Route Number or Street Name)
---	--	---

10	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Accident Description/Officer's Notes oper Veh 1 was proceeding STRAIGHT, ON S/B THEO Fremd, when oper of veh 2 turned in front of her making a left turn onto W/B NORTH ST. OPER Veh 2 STATED she was making turn on yellow.
----	------------------	--	--

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	=	42	F	-	-	-	-	-	-	-	WHITE, NORIKO	
B	2	1	4	=	35	F	-	-	-	-	-	-	-	MAEDA, CHIYOSA	
C															
D															
E															
F															

11	Officer's Rank and Signature P.O. A. Rosare	Badge/ID No. 12	NCIC No. 6980	Precinct/Post Troop/Zone 3	Station/Beat Sector 3	Reviewing Officer Sgt Paul	Date/Time Reviewed 06/04/12 0858A
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

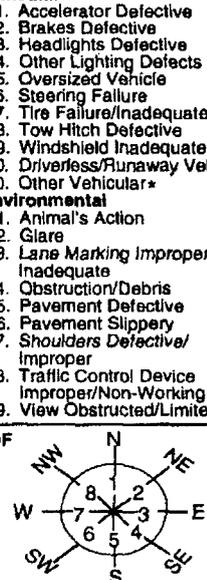
- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX M/F

APPARENT CONTRIBUTING FACTORS

- Human**
 - 2. Alcohol Involvement
 - 3. Backing Unsafely
 - 4. Driver Inattention/Distracted*
 - 5. Driver Inexperience*
 - 6. Drugs (Illegal)
 - 7. Failure to Yield Right-of-Way
 - 21. Fatigued/Drowsy
 - 8. Fell Asleep
 - 9. Following Too Closely
 - 10. Illness
 - 11. Lost Consciousness
 - 12. Passenger Distraction
 - 13. Passing or Lane Usage Improper
 - 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 - 15. Physical Disability
 - 16. Prescription Medication
 - 17. Traffic Control Disregarded
 - 18. Turning Improperly
 - 19. Unsafe Speed
 - 20. Unsafe Lane Changing
 - 22. Cell Phone (hand-held)
 - 23. Cell Phone (hands-free)
 - 24. Other Electronic Device*
 - 25. Outside Car Distraction*
 - 26. Reaction to Other Uninvolved Vehicle
 - 28. Aggressive Driving/Road Rage
- Vehicular**
 - 41. Accelerator Defective
 - 42. Brakes Defective
 - 43. Headlights Defective
 - 44. Other Lighting Defects
 - 45. Oversized Vehicle
 - 46. Steering Failure
 - 47. Tire Failure/Inadequate
 - 48. Tow Hitch Defective
 - 49. Windshield Inadequate
 - 50. Driverless/Runaway Vehicle
 - 60. Other Vehicular*
- Environmental**
 - 61. Animal's Action
 - 62. Glare
 - 63. Lane Marking Improper/Inadequate
 - 64. Obstruction/Debris
 - 65. Pavement Defective
 - 66. Pavement Slippery
 - 67. Shoulders Defective/Improper
 - 68. Traffic Control Device Improper/Non-Working
 - 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
 Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
 If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN BY TO

DIRECTION OF VEHICLE:

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*



Local Codes
12-6604

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

DMV COPY

19
9

1	Accident Date Month: 00 Day: 01 Year: 2012	Day of Week Fri	Military Time 1445	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No
	Accident Reconstructed <input type="checkbox"/>								

20
4

2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>	
	VEHICLE 1 - Driver License ID Number 713257143	State of Lic. NY	VEHICLE 2 - Driver License ID Number 415112539	State of Lic. NY	Driver Name - exactly as printed on license Russo, Theresa, M	Driver Name - exactly as printed on license Navarro, Sebastian, P	Address (Include Number & Street) 30 Club Way Hartsdale NY 10530		Address (Include Number & Street) 548 Harrison Ave Harrison NY 10528	

21
-

22
-

3	Date of Birth 09/05/82	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth 08/27/92	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
	Name - exactly as printed on registration Same		Sex M	Date of Birth 01/19/52	Name - exactly as printed on registration Navarro, Sebastian, P		Sex M	Date of Birth 01/19/52	Address (Include Number & Street) 124 Cactus Ave Harrison NY 10528	

23
3

24
3

4	Plate Number EBJ4111	State of Reg. NY	Vehicle Year & Make 2007 NISS	Vehicle Type 4DRSD	Ins. Code 639	Plate Number 15T72JW	State of Reg. NY	Vehicle Year & Make 2007 GMC	Vehicle Type TRUCK	Ins. Code 328
	Ticket/Arrest Number(s) N/A					Ticket/Arrest Number(s) N/A				
	Violation Section(s) N/A					Violation Section(s) N/A				

25
1

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			
	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM #1			
	Vehicle By Towed: To N/A	Vehicle By Towed: To N/A	9. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No			

26
7

27
7

28
1

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>West</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rye</u> Road on which accident occurred <u>North St</u> at 1) intersecting street <u>Steadore Fremd Ave</u> or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)
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29
-

Accident Description/Officer's Notes
Operator #1 states she was driving straight on North St when vehicle #2 slowed down, she struck vehicle #2 from behind. Operator #1 stated she had pain in her face + refused medical attention / transport from EMS. Operator #2 concurs.

30
-

USE COVER SHEET
N

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	29	F	1	12	6	-	-	-	-	-	Russo, Theresa, M	-
B	2	1	4	1	21	M	-	-	-	-	-	-	-	-	Navarro, Sebastian, P	-
C																
D																
E																
F																

Officer's Rank and Signature Print Name in Full AMLUNG, B	Badge/ID No. 34	NCIC No. 0540800	Precinct/Post Troop/Zone 3	Station/Beat Sector Rye	Reviewing Officer Robert Vogel	Date/Time Reviewed 6-1-12 1520 HRS
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

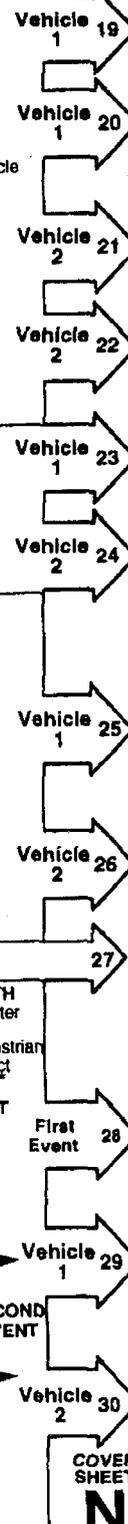
1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

BY TO



COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-5858

AMENDED REPORT

DMV COPY

19

1	Accident Date Month 5 Day 15 Year 2012	Day of Week TU	Military Time 1915	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	20
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VEHICLE 1				<input checked="" type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN	21
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2	VEHICLE 1 - Driver License ID Number 208 951 162	State of Lic. NY	VEHICLE 2 - Driver License ID Number 525 973 203	State of Lic. NY	21
4	Driver Name - exactly as printed on license COPELLI EMILY ANN	Apt. No.	Driver Name - exactly as printed on license LOPES, LUCIO	Apt. No.	4
	Address (Include Number & Street) 15 HOTEL DRIVE		Address (Include Number & Street) 83 GRANT ST.		

22	City or Town WHITE PLAINS	State NY	Zip Code 10605	City or Town PORT CHESTER	State NY	Zip Code 10573	22
----	-------------------------------------	--------------------	--------------------------	-------------------------------------	--------------------	--------------------------	----

3	Date of Birth Month 07 Day 21 Year 1994	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 06 Day 25 Year 1979	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
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23	Name - exactly as printed on registration COPELLI, NANCY, A	Sex F	Date of Birth Month --- Day --- Year ---	Name - exactly as printed on registration LOPES, MODESTO, M	Sex M	Date of Birth Month --- Day --- Year ---	23
----	---	-----------------	--	---	-----------------	--	----

24	Address (Include Number & Street) 15 HOTEL DRIVE	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	Address (Include Number & Street) 83 GRANT ST	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	24
----	--	----------	---	-----------------------------------	---	----------	---	-----------------------------------	----

24	City or Town WHITE PLAINS	State NY	Zip Code 10605	City or Town PORT CHESTER	State NY	Zip Code 10573	24
----	-------------------------------------	--------------------	--------------------------	-------------------------------------	--------------------	--------------------------	----

5	Plate Number ELB 86105	State of Reg. NY	Vehicle Year & Make 2008 VOLVO SUBN	Vehicle Type 162	Ins. Code 162	Plate Number AMK 8025	State of Reg. NY	Vehicle Year & Make 1996 JEEP	Vehicle Type SUBN	Ins. Code 639	25
---	----------------------------------	----------------------------	---	----------------------------	-------------------------	---------------------------------	----------------------------	---	-----------------------------	-------------------------	----

25	Ticket/Arrest Number(s) HARTFORD 16PH784645	Violation Section(s)	Ticket/Arrest Number(s) BD7631223	Violation Section(s) 1180(A)	25
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6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 	27
---	---	---	----------------------	----

28	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Place Where Accident Occurred: County WEST City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of RIE Road on which accident occurred THEODORE FREMD AVE. at 1) intersecting street PONDVIEW RD. or 2) _____ of _____ Feet _____ Miles _____ (Milepost, Nearest intersecting Route Number or Street Name)	28
----	--	--	----

30	Accident Description/Officer's Notes DRIVER OF VEHIC #1 WAS TRAVELING N/E ON THEODORE FREMD AVE.; INITIATED LEFT TURN SIGNAL AND CAME TO A STOP AWAITING TRAFFIC IN ORDER TO MAKE LEFT ON TO PONDVIEW RD. DRIVER OF VEHIC #2 TRAVELING N/E ON THEODORE FREMD AVE. DID NOT SEE DRIVER #1; ATTEMPTED TO STOP BUT UNSUCCESSFUL. #2 REAR ENDED #1.	USE COVER SHEET	30
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	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	17	F						COPELLI EMILY	
B	2	1	4	1	32	M						LOPES LUCIO	
C													
D													
E													
F													

Officer's Rank and Signature P.O. J. Kle	Badge/ID No. 27	NCIC No. 059400	Precinct/Post/Station/Beat/Troop/Zone 3	Reviewing Officer Sgt JL #57	Date/Time Reviewed 05/15/12 2223
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fell Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION

If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

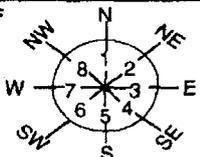
VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY | TO 18

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
2. Vehicle No. 2 B. Bicyclist P. Pedestrian
I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

1. Driver 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE	SEX
11	M/F

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
60. Other Vehicular*

Environmental

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

1. None	10. RR Crossing Gates
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing
3. Stop Sign	12. Construction Work Area
4. Flashing Light	13. Maintenance Work Area
5. Yield Sign	14. Utility Work Area
6. Officer/Guard	15. Police/Fire Emergency
7. No Passing Zone	16. School Zone
8. RR Crossing Sign	20. Other *
9. RR Crossing Flashing Light	

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry	4. Snow/Ice
2. Wet	5. Slush
3. Muddy	6. Flooded
	0. Other *

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
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20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
60. Other Vehicular*

Environmental

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

1. None	10. RR Crossing Gates
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing
3. Stop Sign	12. Construction Work Area
4. Flashing Light	13. Maintenance Work Area
5. Yield Sign	14. Utility Work Area
6. Officer/Guard	15. Police/Fire Emergency
7. No Passing Zone	16. School Zone
8. RR Crossing Sign	20. Other *
9. RR Crossing Flashing Light	

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry	4. Snow/Ice
2. Wet	5. Slush
3. Muddy	6. Flooded
	0. Other *

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
2. Vehicle No. 2 B. Bicyclist P. Pedestrian
I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

1. Driver 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE	SEX
11	M/F

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
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20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
60. Other Vehicular*

Environmental

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

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4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

1. None	10. RR Crossing Gates
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing
3. Stop Sign	12. Construction Work Area
4. Flashing Light	13. Maintenance Work Area
5. Yield Sign	14. Utility Work Area
6. Officer/Guard	15. Police/Fire Emergency
7. No Passing Zone	16. School Zone
8. RR Crossing Sign	20. Other *
9. RR Crossing Flashing Light	

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry	4. Snow/Ice
2. Wet	5. Slush
3. Muddy	6. Flooded
	0. Other *

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
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POSITION IN/ON VEHICLE

1. Driver 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE	SEX
11	M/F

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
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Vehicular

41. Accelerator Defective
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49. Windshield Inadequate
50. Driverless/Runaway Vehicle
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Environmental

61. Animal's Action
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69. View Obstructed/Limited

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
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7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

1. None	10. RR Crossing Gates
2. Traffic Signal	11. Stopped School Bus-Red Lights Flashing
3. Stop Sign	12. Construction Work Area
4. Flashing Light	13. Maintenance Work Area
5. Yield Sign	14. Utility Work Area
6. Officer/Guard	15. Police/Fire Emergency
7. No Passing Zone	16. School Zone
8. RR Crossing Sign	20. Other *
9. RR Crossing Flashing Light	

LIGHT CONDITIONS

1. Daylight

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 12-01439

AMENDED REPORT

DMV COPY

19

Accident Date: 2/3/2012, Day of Week: FRI, Military Time: 15:30, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: []

20

VEHICLE 1: Driver License ID Number 240 824 183, State of Lic. NY, Driver Name SPRUK, MICHAEL A, Address 55 WORTHINGTON DR W, City of Town LAKE CARMEL, State NY, Zip Code 10512

21

VEHICLE 2: Driver License ID Number 891 411 283, State of Lic. NY, Driver Name ISBRANITSEN, ROBERT C, Address 11 HIGHFIELD RD, City of Town HARRISTON, State NY, Zip Code 10528

22

Date of Birth: 5/11/69, Sex M, Unlicensed [], No. of Occupants 1, Public Property Damaged [], Name CONSOLIDATED EDISON, Address 31-01 20 AVE APO 137, City of Town ASTORIA, State NY, Zip Code 11105

23

Date of Birth: 6/9/67, Sex F, Unlicensed [], No. of Occupants 1, Public Property Damaged [], Name ISBRANITSEN, ROBERT C, Address 11 HIGHFIELD RD, City of Town HARRISTON, State NY, Zip Code 10528

24

Plate Number: 4639 OSC, State of Reg NY, Vehicle Year & Make 2009 CASE P/SH, Ins. Code 997, Ticket/Arrest Number(s) (SELF INSURED), Violation Section(s) #00982 14 YBC 7102 0

25

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED, 15. TRAILER 18. NO DAMAGE, 16. OVERTURNED 19. OTHER

26

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County WEST, City/Village/Town of RAKE, Road on which accident occurred THEO FRENCH AVE, at 1) intersecting street POND FIELD RD

27

Accident Description/Officer's Notes: DRIVER VEH 1 STATES THAT VEH 2 SPED PAST HIS VEHICLE ON THE LEFT WHILE THEY WERE BOTH TRAVELLING NIB ON THEO FRENCH AVE. DRIVER 1 STATES SHE CUT IN FRONT OF HIS VEHICLE AND WAS FORCED TO STOP SHORT DUE TO AN UNKNOWN VEHICLE PULLING ACROSS THEO FRENCH AVE.

28

Table with columns: Names of all involved, Date of Death Only. Rows A-F listing names like SPRUK, MICHAEL A and ISBRANITSEN, ROBERT C.

29

Officer's Rank and Signature: E. BALLS, Badge/ID No. 2, NCIC No. 0574, Precinct/Post Troop/Zone 3, Station/Beat Sector, Reviewing Officer: Sgt Robert Vogel, Date/Time Reviewed: 2-3-12 1630

30

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11/19/01 BY SP-10/ML/STW

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
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3. Crossing, No Signal, Marked Crosswalk
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6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Keep Right
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knees-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

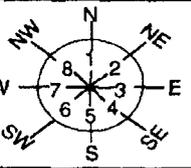
1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN BY TO

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

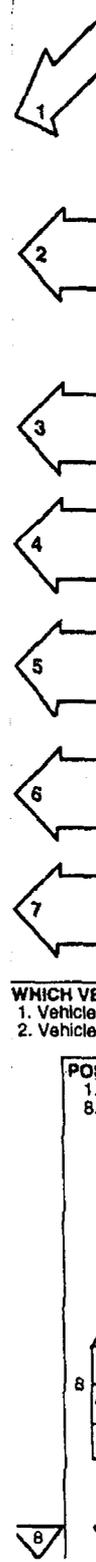
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*
- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*



WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX

M/F

8	9	10	11	12	13	14	15	16	17	BY	TO	18
---	---	----	----	----	----	----	----	----	----	----	----	----

COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
13-5204

AMENDED REPORT

19
17

1 Accident Date: 07/03/2013, Day of Week: WED, Military Time: 1236, No. of Vehicles: 2, No. Injured: 1, No. Killed: 0, Not Investigated at Scene: , Left Scene: , Police Photos: Yes No, Accident Reconstructed:

2 VEHICLE 1: Driver License ID Number 299 693 472, Driver Name CARMONA PATRIA, Address 41 NORTH RIDGE ST., City/Town Rye Brook, NY 10573. VEHICLE 2: Driver License ID Number 234 685 192, Driver Name WENZEL, CAROLYN, D., Address 50 FRANKLIN AV., City/Town Rye, NY 10580.

3 Date of Birth: 03/18/40 F, Sex F, No. of Occupants 1, Public Property Damaged . VEHICLE 2: Date of Birth 07/11/33 F, Sex F, No. of Occupants 1, Public Property Damaged . Name: SAME.

4 Plate Number: FMS 4166 NY, Vehicle Year & Make 01 MITSUBI 400D, Ins. Code 400D. VEHICLE 2: Plate Number FYN 2843 NY, Vehicle Year & Make 12 LEXUS 400D, Ins. Code 352. Ticket/Arrest Number(s): ALLSTATE INS. CO., TRAVELERS INS. CO.

6 Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 2, Box 2 - Most Damage 2. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 10, Box 2 - Most Damage 10. ACCIDENT DIAGRAM: #4. Cost of repairs to any one vehicle will be more than \$1000. Yes No.

7 Reference Marker: /, Coordinates: /, Place Where Accident Occurred: County Westchester, City/Village/Town of Rye, Road on which accident occurred THEODORE FREUND AVE., at 1) intersecting street NORTH ST.

30 Accident Description/Officer's Notes: DRIVER VEH #1 STATES SHE WAS DRIVING NORTH ON THEODORE FREUND AV. THROUGH GREEN LIGHT AT NORTH ST. INTERSECTION WHEN SHE COLLIDED WITH VEH #2 IN INTERSECTION. DRIVER VEH #2 STATES SHE WAS DRIVING WEST ON NORTH ST. THRU GREEN LIGHT AT THEO FREUND INTERSECTION WHEN SHE COLLIDED WITH VEH #1. DRIVER #1 TO GREENWICH.

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows: A (1, 1, 4, 1, 33, F, 5, 12, 6, RBCK VIK 9370, CARMONA PATRIA, -), B (2, 1, 4, 1, 80, F, -, -, -, -, WENZEL, CAROLYN, D., -).

Officer's Rank and Signature: P.O. J.S. W... #24, Badge #24, NCIC No. 157080, Precinct/Post Troop/Zone 4, Station/Beat/Section Rye, Reviewing Officer Sgt Robert Vogel, Date/Time Reviewed 7-3-13 1430 hrs.

DMV USE ONLY

USE COVER SHEET

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway*
- 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other*

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other*

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other*

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1
- 2. Vehicle No. 2
- A. All-Terrain Vehicle (ATV)
- B. Bicyclist
- C. In-Line Skater
- O. Other*
- P. Pedestrian
- S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other*

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE SEX
M/F

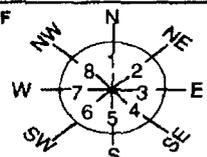
APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fall Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN BY TO 18

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other*

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

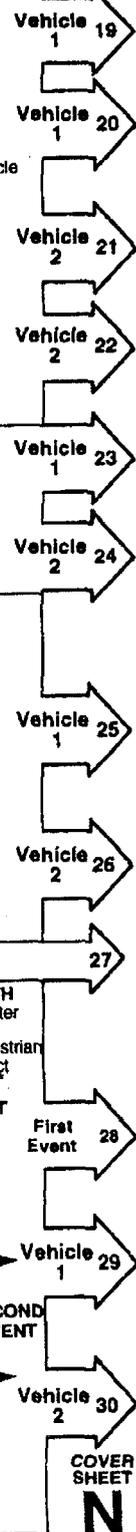
- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*



COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-12002

AMENDED REPORT **DMV COPY**

19

1	Accident Date Month: 11 Day: 05 Year: 2012	Day of Week MO	Military Time 1934	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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20

2	VEHICLE 1 License ID Number: 261649 713 State of Lic.: NY Driver Name: PACELLE TRACEY, R Address: 8 LONGVIEW AVE City/Town: WHITE PLAINS State: NY Zip Code: 10601				VEHICLE 2 License ID Number: R500-2005-7043 State of Lic.: IL Driver Name: ESEQUIEL ROMO Address: 10615 S HOXIE City/Town: CHICAGO State: IL Zip Code: 60617			
---	---	--	--	--	---	--	--	--

21

3	Date of Birth: 06/15/1971 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 3 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 02/12/1957 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>
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22

4	Name: DRIVER Sex: M Date of Birth: 02/12/1957 Address: 1203 N 15TH AVE City/Town: MELROSE PARK State: IL Zip Code: 60160
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23

5	Plate Number: ENP 2925 State of Reg: NY Vehicle Year & Make: 2009 HYUNDAI 40SD Ins. Code: 100	Plate Number: P778343 State of Reg: IL Vehicle Year & Make: 2005 FORD TR Ins. Code: TR
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24

6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 11 Enter up to three more Damage Codes: 10	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 3 Box 2 - Most Damage: 3 Enter up to three more Damage Codes: 3	ACCIDENT DIAGRAM #2
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25

26

27

7	Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: WEST City/Village/Town: RYE Road on which accident occurred: THEODORE FREMONT AVE at 1) intersecting street: NORTH ST
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28

29

Accident Description/Officer's Notes: **DRIVER VEHIC. #2 TAKING UP BOTH N/B LANES ON THEODORE FREMONT AVE TO MAKE WIDE RIGHT TURN ON TO NORTH ST. DRIVER VEHIC #1 TRAVELING STRAIGHT N/B ON THEODORE FREMONT AVE. ATTEMPTED TO CONTINUE N/B ON THEODORE FREMONT. #2 #1 SIDESWIPE. #2 STATES HE USED HIS SIGNAL. #2 STATES THERE WAS NO SIGNAL.**

30

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	41	F	10	12	6			PACELLE TRACEY	
B	1	3	4	1	13	F						PACELLE ANGELIQUE	
C	1	6	5	1	4	F						PACELLE SERENE	
D	2	1	4	1	55	M						ESEQUIEL ROMO	
E													
F													

USE COVER SHEET

Officer's Rank and Signature: Patrolman Kevin	Badge/ID No.: 27	NCIC No.: 054000	Precinct/Post: 3	Station/Beat/Sector: R/B	Reviewing Officer: Sgt	Date/Time Reviewed: 11/05/12 2:35
--	-------------------------	-------------------------	-------------------------	---------------------------------	-------------------------------	--

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE	SEX
	M/F

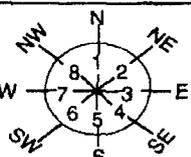
APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
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 49. Windshield Inadequate
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 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN
17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

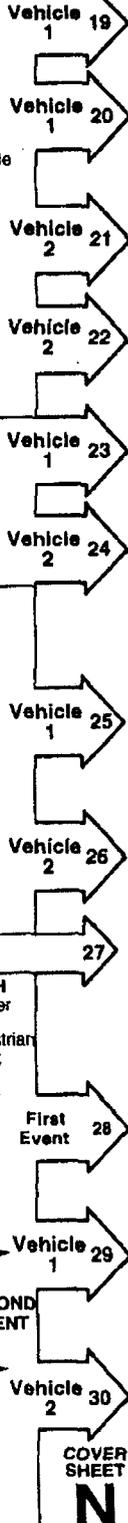
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-12923

AMENDED REPORT

DMV COPY

1	Accident Date Month 12 Day 05 Year 2012	Day of Week WEDS	Military Time 0855	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 License ID Number 935 320 663 Driver Name - exactly as printed on license RIGANO, CHRISTINE Address (Include Number & Street) Box 1 City or Town HARRISON State NY Zip Code 10528				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number DL 7776211 Driver Name - exactly as printed on license MORALES, REYNOS. NAIRO DE JESUS Address (Include Number & Street) 2 Bukley manor City or Town Rye State NY Zip Code 10580			
---	---	--	--	--	---	--	--	--

3	Date of Birth Month 12 Day 25 Year 1963 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month 06 Day 08 Year 1987 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 2 Public Property Damaged <input checked="" type="checkbox"/>
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4	Name - exactly as printed on registration SAME Sex F Date of Birth Month 12 Day 25 Year 1963	Name - exactly as printed on registration VARGAS, BRUCERO, M, J Sex M Date of Birth Month 06 Day 08 Year 1987
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5	Plate Number AWJ 2956 State of Reg. NY Vehicle Year & Make 2000 MITSU 2000 PAS 011 Ins. Code INS	Plate Number FAM 7347 State of Reg. NY Vehicle Year & Make 1997 FORD PLUP Ins. Code INS
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6	Ticket/Arrest Number(s) N/A Violation Section(s) N/A	Ticket/Arrest Number(s) N/A Violation Section(s) N/A
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7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 88 Box 2 - Most Damage 88 Enter up to three more Damage Codes 9 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 22 Box 2 - Most Damage 22 Enter up to three more Damage Codes 3 4 5	ACCIDENT DIAGRAM
9	Vehicle Towed: To NOT Towed	Vehicle Towed: To NOT Towed	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

10	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Westchester <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Rye Road on which accident occurred Theofredo Ave at 1) intersecting street Central Avenue or 2) _____ of _____ Feet _____ Miles _____ (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes **OPER. VEHICLE # 01 STATES SHE WAS STOPPED AT RED LIGHT ON THEOFREDO AVE S/B, WHEN VEHICLE # 02 REAR ENDED HER VEHICLE. # 01 OPER. VEHICLE # 02 STATES HE THOUGHT THE LIGHT WAS GOING TO CHANGE GREEN ON THEOFREDO AVE S/B, + REAR ENDED VEHICLE # 01. NO INJURIES BOTH VEHICLES MINOR DAMAGE + IN SOUTH BOUND LANE THEOFREDO AVE.**

BY	TO	Names of all involved	Date of Death Only
1	4	Rigano, Christine	
2	4	MORALES, REYNOS, NAIRO DE JESUS	
2	4	MARCO ANTONIO, EVELIO	

Officer's Rank and Signature PO. A. Cyr #23	Badge/ID No. 23	NCIC No. 094080	Station/Post RPD #03	Reviewing Officer Sgt HUNTER	Date/Time Reviewed 12/5/12
---	------------------------	------------------------	--------------------------------	--	--------------------------------------

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway *
14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other * |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- | | |
|----------|-------------|
| 1. Dry | 4. Snow/Ice |
| 2. Wet | 5. Slush |
| 3. Muddy | 6. Flooded |
| | 0. Other * |

WEATHER

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other *

WHICH VEHICLE OCCUPIED

- | | | |
|------------------|------------------------------|----------------|
| 1. Vehicle No. 1 | A. All-Terrain Vehicle (ATV) | O. Other * |
| 2. Vehicle No. 2 | B. Bicyclist | P. Pedestrian |
| | I. In-Line Skater | S. Snowmobiler |

POSITION IN/ON VEHICLE

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- A. Helmet Only
- B. Helmet/Other
- C. Pads Only
- D. Stoppers Only
0. Other *

EJECTION FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
2. Alcohol Involvement
 3. Backing Unsafely
 4. Driver Inattention/Distracted*
 5. Driver Inexperience*
 6. Drugs (Illegal)
 7. Failure to Yield Right-of-Way
 27. Failure to Keep Right
 21. Fatigued/Drowsy
 8. Fall Asleep
 9. Following Too Closely
 10. Illness
 11. Lost Consciousness
 12. Passenger Distraction
 13. Passing or Lane Usage Improper
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
 15. Physical Disability
 16. Prescription Medication
 17. Traffic Control Disregarded
 18. Turning Improperly
 19. Unsafe Speed
 20. Unsafe Lane Changing
 22. Cell Phone (hand-held)
 23. Cell Phone (hands-free)
 24. Other Electronic Device*
 25. Outside Car Distraction*
 26. Reaction to Other Uninvolved Vehicle
 28. Aggressive Driving/Road Rage

Vehicular

41. Accelerator Defective
 42. Brakes Defective
 43. Headlights Defective
 44. Other Lighting Defects
 45. Oversized Vehicle
 46. Steering Failure
 47. Tire Failure/Inadequate
 48. Tow Hitch Defective
 49. Windshield Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- Environmental**
61. Animal's Action
 62. Glare
 63. Lane Marking Improper/Inadequate
 64. Obstruction/Debris
 65. Pavement Defective
 66. Pavement Slippery
 67. Shoulders Defective/Improper
 68. Traffic Control Device Improper/Non-Working
 69. View Obstructed/Limited

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back
7. Shoulder-Upper Arm
8. Elbow-Lower Arm-Hand
9. Abdomen - Pelvis
10. Hip-Upper Leg
11. Knee-Lower Leg-Foot
12. Entire Body

TYPE OF PHYSICAL COMPLAINT

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain
13. None Visible
14. Whiplash

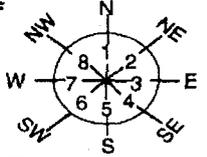
VICTIM'S PHYSICAL AND EMOTIONAL STATUS

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

INJURED TAKEN

17 BY TO 18

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other *

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

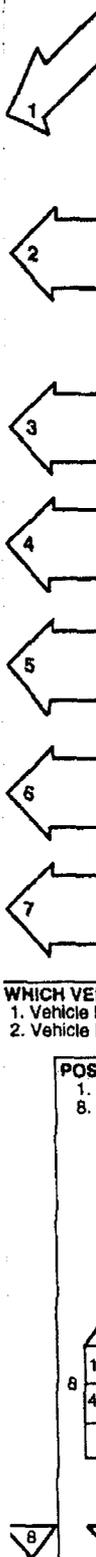
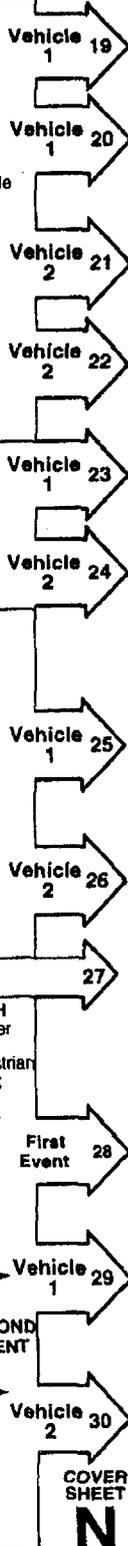
- | | |
|------------------------|------------------------------|
| 1. Other Motor Vehicle | 5. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed) |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other*



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
12-12727

AMENDED REPORT

19
4

1	Accident Date Month: NOV, Day: 27, Year: 2012	Day of Week TUESDAY	Military Time 1547	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 Driver License ID Number: 428 769 08 Driver Name: GERARDI LIZ Address: 23 WESTVIEW AVE City/Town: RYE BROOK NY, Zip Code: 10573				VEHICLE 2 Driver License ID Number: 264 997 518 Driver Name: GUZMAN PABLO, A Address: 19 ELAWN AVE City/Town: ELMSFORD NY, Zip Code: 10523			
---	---	--	--	--	--	--	--	--

3	Date of Birth: 02/07/76, Sex: F, No. of Occupants: 3, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 02/12/58, Sex: M, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>
4	Name: SAME AS ABOVE	Name: ENORAB DISTRIBUTORS
5	Address: ABOVE	Address: 132 FULTON ST, WHITE PLAINS NY 10606

6	Plate Number: AJP1871 NY, Vehicle Year & Make: 07 VOLVO P, Ins. Code: 639	Plate Number: 57349JW NY, Vehicle Year & Make: 02 FREIG T, Ins. Code: 381
7	Violation Section(s): GEICO 0288-67-58-04	Violation Section(s): GLOBAL UNDERWRITERS CBA0971585

8	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 9, 9 Box 2 - Most Damage: 9, 9 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM 1. Rear End, 2. Sideswipe (same direction), 3. Left Turn, 4. Right Turn, 5. Right Angle, 6. Right Turn, 7. Head On, 8. Sideswipe (opposite direction)

10	Vehicle Towed: [Signature]	Vehicle Towed: [Signature]
11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

12	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: WESTCHESTER, City: RYE Road on which accident occurred: THEODORE FREUND at 1) intersecting street: CENTRAL AVE or 2) _____ of _____ Feet _____ Miles _____ (Milepost, Nearest intersecting Route Number or Street Name)
----	------------------	--	---

Accident Description/Officer's Notes: DRIVER OF VEHICLE 1 STATED SHE WAS WAITING BEHIND TRUCK AT TRAFFIC LIGHT, HEADING SOUTH ON THEODORE FREUND AT CENTRAL, THE LIGHT TURNED GREEN AND DRIVER VEHICLE 2 STATES SHE WENT NOT REALIZING TRUCK DID NOT START MOVING AND SHE STRUCK THE REAR OF VEHICLE 2. THIS OFFICER DID NOT WITNESS ACCIDENT

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	2	1	36	F	-	13	6	-	-	-	-	GERARDI, LIZ	-
B	1	6	5, 2	1	5	M	-	13	6	-	-	-	-	GERARDI, ANTONIO	-
C	1	4	5, 2	1	4	F	-	13	6	-	-	-	-	GERARDI, GABRIELLE	-
D	2	1	2	1	54	M	-	13	6	-	-	-	-	GUZMAN, PABLO A	-

13	Officer's Rank and Signature: P.O. DAVID CASALE	Badge/ID No.: 15	NCIC No.: 05908	Precinct/Post/Troop/Zone: 3	Station/Beat/Sector:	Reviewing Officer: SGT HUNTER	Date/Time Reviewed: 11/27/12
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PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fell Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 22. Unsafe Lane Changing
- 20. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

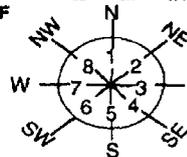
Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 50. Other Vehicular*

Environmental

- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)*

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

**New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)**

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY | TO 18

Vehicle 19

Vehicle 20

Vehicle 21

Vehicle 22

Vehicle 23

Vehicle 24

Vehicle 25

Vehicle 26

27

First Event 28

Vehicle 29

SECOND EVENT

Vehicle 30

COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
 AMENDED REPORT **DMV COPY**

19
4

1 Accident Date: 09/06/2011, Day of Week: TU, Military Time: 1105, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: , Left Scene: , Police Photos: Yes No, Accident Reconstructed:

2 VEHICLE 1: Driver License ID Number 375999917, State NY, Driver Name BRESCIA FRANCES, Address 4500 W 117 RD, City HARLEM, State NY, Zip Code 10528. VEHICLE 2: Driver License ID Number 627944444, State NY, Driver Name BARTELS, MICHELLE, R, Address 55 FRANKLIN AVE, City RYE, State NY, Zip Code 10580.

3 Date of Birth: 07/11/42, Sex F, Unlicensed , No. of Occupants 1, Public Property Damaged . Date of Birth: 06/03/68, Sex F, Unlicensed , No. of Occupants 1, Public Property Damaged . Name: DRIVER, BARTELS MICHAEL, R. Address: 55 FRANKLIN AV.

4 Plate Number: ERV3443, State of Reg. NY, Vehicle Year & Make 2009 FORD, Vehicle Type 4DSD, Ins. Code 059. Plate Number: BCC6251, State of Reg. NY, Vehicle Year & Make 2007 TOYOTA, Vehicle Type SUBN, Ins. Code 231.

5 Ticket/Arrest Number(s): [Blank], Violation Section(s): [Blank]

6 Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 2 2, Box 2 - Most Damage 3 4 9. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 8 9, Box 2 - Most Damage 8 7 10. ACCIDENT DIAGRAM: [Diagram showing vehicle positions and directions]

7 Vehicle Damage Coding: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED, 15. TRAILER 18. NO DAMAGE, 16. OVERTURNED 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

8 Reference Marker: [Blank], Coordinates: [Blank]. Place Where Accident Occurred: County WEST, City/Village/Town of RYE, Road on which accident occurred THEODORE FREUND AVE, at 1) intersecting street CENTRAL AVE.

9 Accident Description/Officer's Notes: Vehicle #1 driver stated she was slowing in traffic when her foot slipped off the brake pedal, causing her to strike vehicle #2 from behind. Rainy conditions at time of accident. Vehicle #2 driver stated she was idle at red steady signal at time of accident. Vehicle #2 driver had a complaint of back pain (upper back) but refused medical attention.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	59	F	-	-	-	-	-	-	-	-	BRESCIA, FRANCES	-
B	2	1	4	1	43	F	6	12	6	-	-	-	-	-	BARTELS, MICHELLE	-
C																
D																
E																
F																

10 Officer's Rank and Signature: PO [Signature], Print Name in Full: DAVID BIVERA, Badge/ID No. 21, NCIC No. 0590800, Precinct/Post/Troop 3, Station/Beat/Sector 1A114, Reviewing Officer: SGT HUNTER, Date/Time Reviewed: 9/7/11

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing With Signal
- 2. Crossing Against Signal
- 3. Crossing No Signal, Marked Crosswalk
- 4. Crossing No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/from Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway*
- 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other*

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other*

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other*

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other*
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other*

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE

SEX
M/F

APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fell Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
- 18. Turning Improperly
- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

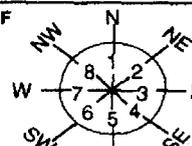
Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*

Environmental

- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (7/01)

***EXPLAIN IN ACCIDENT DESCRIPTION**
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY TO 18

PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other*

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)*

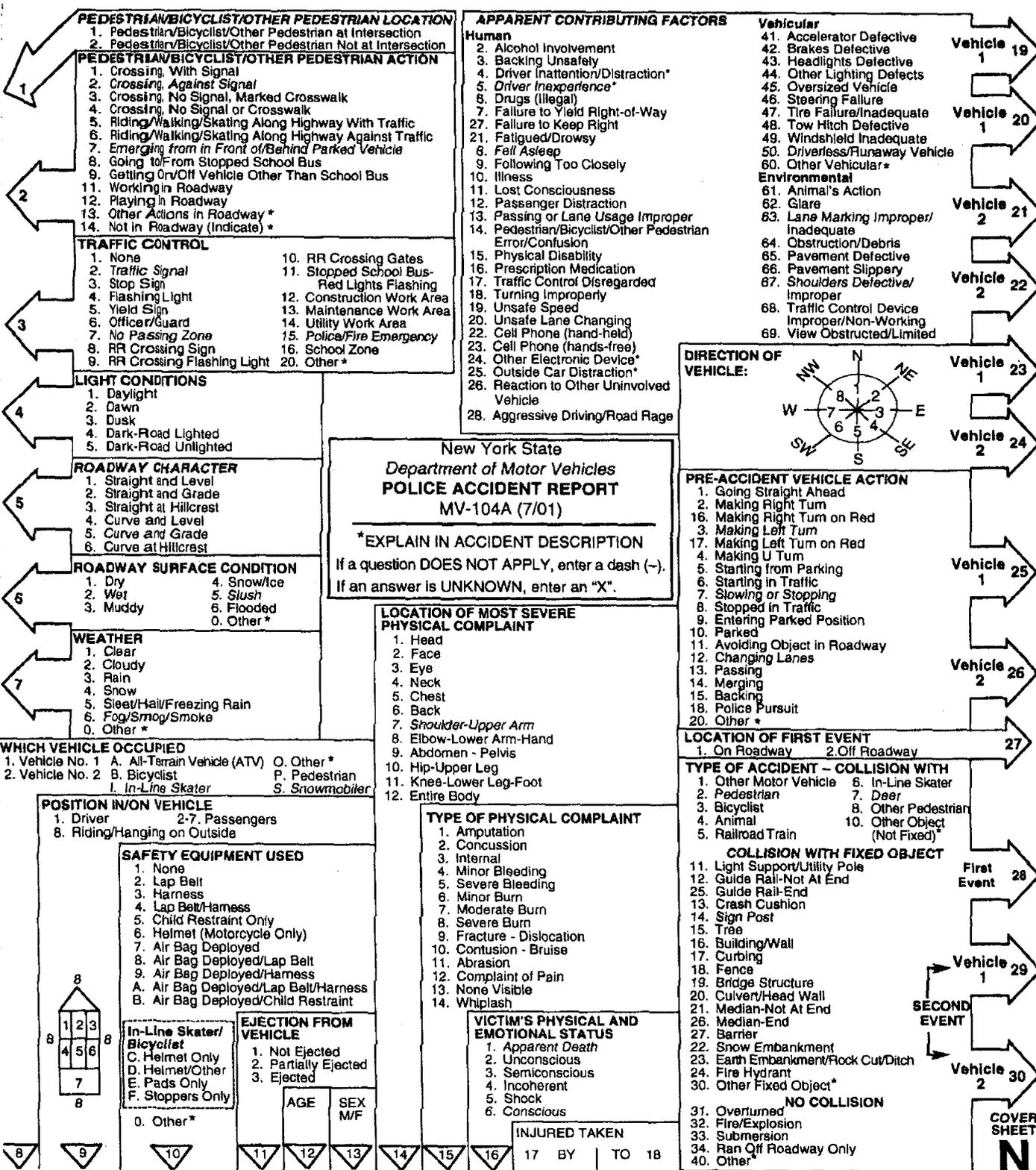
COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

COVER SHEET



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

19
3

Local Code
11-09089

AMENDED REPORT

DMV COPY

1	Accident Date Month: 08, Day: 09, Year: 2011	Day of Week Tues	Military Time 1530	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 4
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2	VEHICLE 1 Driver License ID Number: B03346016508902 Driver Name: Octavio E. Balza Address: 162 North 12th St, Newark, NJ 07107				VEHICLE 2 Driver License ID Number: 299198616 Driver Name: Logisci - Hanson P, A Address: 4 Johnson Pl, NYC, NY 10588				21 -
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3	Date of Birth: 08/21/1950, Sex: M, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 09/16/1965, Sex: F, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	22 -
4	Name: MPT Rentals Inc, Address: 24 Landis Pl, Clifton, NJ 07013	Name: Same as above, Address: (blank), City or Town: (blank)	23 3

5	Plate Number: XVA13A, State of Reg: NJ, Vehicle Year & Make: Ford-997 TRK	Plate Number: QND5533, State of Reg: NY, Vehicle Year & Make: 2009 SUBV	24 5
6	Violation Section(s): Progressive 07546184-1	Violation Section(s): Travelers 982126508101	25 15

7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26 1
8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 7, 2 Box 2 - Most Damage: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 6, 6 Box 2 - Most Damage: 4, 5	ACCIDENT DIAGRAM 	27 1

9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Westchester, City/Village/Town: NYC Road on which accident occurred: Theodore Fremd Ave at 1) intersecting street: Central Ave or 2) 150 Feet Miles of Central Ave	28 1
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10	Accident Description/Officer's Notes Officer #1 states he was backing out of a driveway into traffic & he struck the side of vehicle #2 which was driving south-bound on Theodore Fremd Ave. Officer #2 states she was driving south-bound on Theodore Fremd Ave when vehicle #1 backed into the side of her vehicle. No injuries.	30 -
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8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	21	M	-	6	-	-	-	-	-	Balza Octavio E	
B	2	1	4	1	45	F	-	6	-	-	-	-	-	Logisci-Hanson P, A	
C															
D															
E															
F															

Officer's Rank and Signature Print Name: AMELINE	Badge/ID No.: 341	NCIC No.: 011020	Precinct/Post Troop/Zone: 3	Station/Beat Sector: NYC	Reviewing Officer: Sgt Hunter	Date/Time Reviewed: 8/9/11
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET
N

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
- 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

- 1. Crossing, With Signal
- 2. Crossing, Against Signal
- 3. Crossing, No Signal, Marked Crosswalk
- 4. Crossing, No Signal or Crosswalk
- 5. Riding/Walking/Skating Along Highway With Traffic
- 6. Riding/Walking/Skating Along Highway Against Traffic
- 7. Emerging from in Front of/Behind Parked Vehicle
- 8. Going to/From Stopped School Bus
- 9. Getting On/Off Vehicle Other Than School Bus
- 11. Working in Roadway
- 12. Playing in Roadway
- 13. Other Actions in Roadway *
- 14. Not in Roadway (Indicate) *

TRAFFIC CONTROL

- 1. None
- 2. Traffic Signal
- 3. Stop Sign
- 4. Flashing Light
- 5. Yield Sign
- 6. Officer/Guard
- 7. No Passing Zone
- 8. RR Crossing Sign
- 9. RR Crossing Flashing Light
- 10. RR Crossing Gates
- 11. Stopped School Bus-Red Lights Flashing
- 12. Construction Work Area
- 13. Maintenance Work Area
- 14. Utility Work Area
- 15. Police/Fire Emergency
- 16. School Zone
- 20. Other *

LIGHT CONDITIONS

- 1. Daylight
- 2. Dawn
- 3. Dusk
- 4. Dark-Road Lighted
- 5. Dark-Road Unlighted

ROADWAY CHARACTER

- 1. Straight and Level
- 2. Straight and Grade
- 3. Straight at Hillcrest
- 4. Curve and Level
- 5. Curve and Grade
- 6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Muddy
- 4. Snow/Ice
- 5. Slush
- 6. Flooded
- 0. Other *

WEATHER

- 1. Clear
- 2. Cloudy
- 3. Rain
- 4. Snow
- 5. Sleet/Hail/Freezing Rain
- 6. Fog/Smog/Smoke
- 0. Other *

WHICH VEHICLE OCCUPIED

- 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other *
- 2. Vehicle No. 2 B. Bicyclist P. Pedestrian
- I. In-Line Skater S. Snowmobiler

POSITION IN/ON VEHICLE

- 1. Driver
- 2-7. Passengers
- 8. Riding/Hanging on Outside

SAFETY EQUIPMENT USED

- 1. None
- 2. Lap Belt
- 3. Harness
- 4. Lap Belt/Harness
- 5. Child Restraint Only
- 6. Helmet (Motorcycle Only)
- 7. Air Bag Deployed
- 8. Air Bag Deployed/Lap Belt
- 9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

In-Line Skater/Bicyclist

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
- 0. Other *

EJECTION FROM VEHICLE

- 1. Not Ejected
- 2. Partially Ejected
- 3. Ejected

AGE

SEX

M/F

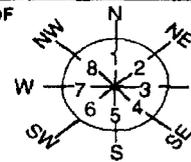
APPARENT CONTRIBUTING FACTORS

- Human**
- 2. Alcohol Involvement
- 3. Backing Unsafely
- 4. Driver Inattention/Distracted*
- 5. Driver Inexperience*
- 6. Drugs (Illegal)
- 7. Failure to Yield Right-of-Way
- 27. Failure to Keep Right
- 21. Fatigued/Drowsy
- 8. Fell Asleep
- 9. Following Too Closely
- 10. Illness
- 11. Lost Consciousness
- 12. Passenger Distraction
- 13. Passing or Lane Usage Improper
- 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
- 15. Physical Disability
- 16. Prescription Medication
- 17. Traffic Control Disregarded
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- 19. Unsafe Speed
- 20. Unsafe Lane Changing
- 22. Cell Phone (hand-held)
- 23. Cell Phone (hands-free)
- 24. Other Electronic Device*
- 25. Outside Car Distraction*
- 26. Reaction to Other Uninvolved Vehicle
- 28. Aggressive Driving/Road Rage

Vehicular

- 41. Accelerator Defective
- 42. Brakes Defective
- 43. Headlights Defective
- 44. Other Lighting Defects
- 45. Oversized Vehicle
- 46. Steering Failure
- 47. Tire Failure/Inadequate
- 48. Tow Hitch Defective
- 49. Windshield Inadequate
- 50. Driverless/Runaway Vehicle
- 60. Other Vehicular*
- Environmental**
- 61. Animal's Action
- 62. Glare
- 63. Lane Marking Improper/Inadequate
- 64. Obstruction/Debris
- 65. Pavement Defective
- 66. Pavement Slippery
- 67. Shoulders Defective/Improper
- 68. Traffic Control Device Improper/Non-Working
- 69. View Obstructed/Limited

DIRECTION OF VEHICLE:



PRE-ACCIDENT VEHICLE ACTION

- 1. Going Straight Ahead
- 2. Making Right Turn
- 16. Making Right Turn on Red
- 3. Making Left Turn
- 17. Making Left Turn on Red
- 4. Making U Turn
- 5. Starting from Parking
- 6. Starting in Traffic
- 7. Slowing or Stopping
- 8. Stopped in Traffic
- 9. Entering Parked Position
- 10. Parked
- 11. Avoiding Object in Roadway
- 12. Changing Lanes
- 13. Passing
- 14. Merging
- 15. Backing
- 18. Police Pursuit
- 20. Other *

LOCATION OF FIRST EVENT

- 1. On Roadway
- 2. Off Roadway

TYPE OF ACCIDENT - COLLISION WITH

- 1. Other Motor Vehicle
- 2. Pedestrian
- 3. Bicyclist
- 4. Animal
- 5. Railroad Train
- 6. In-Line Skater
- 7. Deer
- 8. Other Pedestrian
- 10. Other Object (Not Fixed)*

COLLISION WITH FIXED OBJECT

- 11. Light Support/Utility Pole
- 12. Guide Rail-Not At End
- 25. Guide Rail-End
- 13. Crash Cushion
- 14. Sign Post
- 15. Tree
- 16. Building/Wall
- 17. Curbing
- 18. Fence
- 19. Bridge Structure
- 20. Culvert/Head Wall
- 21. Median-Not At End
- 26. Median-End
- 27. Barrier
- 22. Snow Embankment
- 23. Earth Embankment/Rock Cut/Ditch
- 24. Fire Hydrant
- 30. Other Fixed Object*

NO COLLISION

- 31. Overturned
- 32. Fire/Explosion
- 33. Submersion
- 34. Ran Off Roadway Only
- 40. Other*

New York State
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (7/01)

*EXPLAIN IN ACCIDENT DESCRIPTION
 If a question DOES NOT APPLY, enter a dash (-).
 If an answer is UNKNOWN, enter an "X".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

TYPE OF PHYSICAL COMPLAINT

- 1. Amputation
- 2. Concussion
- 3. Internal
- 4. Minor Bleeding
- 5. Severe Bleeding
- 6. Minor Burn
- 7. Moderate Burn
- 8. Severe Burn
- 9. Fracture - Dislocation
- 10. Contusion - Bruise
- 11. Abrasion
- 12. Complaint of Pain
- 13. None Visible
- 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS

- 1. Apparent Death
- 2. Unconscious
- 3. Semiconscious
- 4. Incoherent
- 5. Shock
- 6. Conscious

INJURED TAKEN

17 BY | TO 18

