

## Pedestrian SIR-Highway Accident Brief

Attachment 1: Police Accident Report

Bronx, NewYork

HWY17SH004

(8 pages)

		Precinct 052					ICE					URI	(NY	C)						
		Accident No. MV-2016	-052-011		omplaii Iumber		-52-010	0174			AMEN	IDED I	REPOR	RΤ						
Ac	cciden	t Date			Day	of Wee	ĸ	MilitaryTi	ime	No.	of	No. Inju		No. Kille	d Not	Investigator	at Scene	Left Sce	ene P	olice Photos
1	Moni L O	th Day 14	Year 2016		FRI	DAY		12:2	5	Veh	cles	0		1		onstructed		⊂	3 10	Yes
				VEHIC	CLE 1						_	VEHICL		BICYC		PEDEST		THER PEC	DESTR	
		E 1- Driver ID Number							St	ate of Li		IICLE - nse ID N								State of Lic
Dr	river N s printe	lame -exactly ed on license	SANCHEZ	, AQI	UILE	zs,	R				Driv as p	er Name rinted on	- exactly license	PUEI	LO,	CARMA				
		s (Include Numl								Apt. No			ude Num							Apt. No.
Lí Ci	ity or 1	Town				State		Zip Coc	le		City	or Town	_				State	Z	Zip Code	
	ate of	Birth	Sex	Unlicen	sed	No. of		· · · · ·	Public			e of Birth		Se	<u> </u>	Unlicensed	No, of		Pub	
	Month		ear M		300	Occup 1			Propert	y ed 🗆			Dav Y	ear F	Ŷ		Occupant	ls	Prop	perty naged
- Na	amee	exactly as printe	ed on registration	1 1			Sex	Date o Mont		v Ve	Nam	neexactl	y as print	ed on req	gistration		Se	ex Date of Mont	of Birth	Day Year
		- CAN TR	ASPORTA	TION	IN					Release				han 9 54						
							Apt. No.	Haz. Mat Code			Aud	เสรอ (INCI	ude Num	ଧତାର ଔ	661)		Apt.	No. Haz. Mat. Code		Release
Ci	ity or 1	Town				Stat		Zip	Code		City	or Town					State		de	
		NT VERN	State of Rec	. Vehicle	e Year d	Make		105 Vehicle T		Ins. Co	de Plate	e Numbe	r	State	e of Rea	Vehicle Ye	ar & Make	Vehicle	Туре	Ins. Code
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Vie	iolation	n									Viola									
Se	ection/	(s) neck if involve	d vehicle is:			ТТ	Check i	if involve	ed vehic	le is:	Sec	ion(s)	Circle	the dia	aram be	low that d	lescribes the	accident	or drav	v your own
			inches wide;				🔲 more	e than 9	5 inches 4 feet lo	wide;			diagra	im in sp	ace #9.	Number t	ne vehicles.			
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Office									ID No.			<ol> <li>Preci</li> </ol>				Reviewing				ne Review

PERSONS KILLED O	R INJURED IN	ACCIDENT (Lette	r designation o	of persons killed o	r injured must c	orrespond wi	th letter de	signation on	front).		
A Last Name		First	M.I.	LastName		First	st – –		M.I.		
PUELLO Address	CARMAN	I		Address							
Date of Birth Month Day	Tele	phone (Area Code)	I	Date of Birth Month	Day Ye		ne (Area Co	de)			
Last Name	<u> (</u>	First	M.I.	Last Name		[(	)t	······	M.I.		
	· · · · · · · · · · · · · · · · · · ·										
Address			I	Address							
Date of Birth	Tele	phone (Area Code)		Date of Birth			ne (Area Coo	de)			
Month Day	Year (	)		Month	Day Ye	ar (	)		<u> </u>		
Last Name	F	First	M.I.	Highway Dist. at Sc		No					
Address				Name: POM KI	WANG CHOI						
Date of Birth Month Day	Year (	phone (Area Code) )						eld No. 5995			
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Vehicle No. 1				Vehicle No.							
Expiration Date				Expiration Date	· <u> </u>						
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WITNESS (Attach sep	parate sheet, if n	ecessary)			·····						
Name		,, <b>,</b> ,	Addres	s			Pho	ne			
<u> </u>											
DUPLICATE COPY RE	QUIRED FOR:										
Dept. of Motor Veh	icles	Motor Transp	ort Division	🔲 NYC Ta	axi & Limousine	Comm.	] Other C	ity Agency			
(if anyone is killed/	'injured)	(P.D. vehicle in	nvolved)	•	ensed taxi or li	mousine	(Specify	')			
Office of Comptroll	er	Personnei Sa	fety Llnit	involve I Highwa	uy Unit 1						
(if a City vehicle in		(if a P.D. vehic									
NOTIFICATIONS: (Er	nter name address	and relationship of	friend or relativ	e notified. If aided	person is uniden	tified, list Mis	sing Persor	Squad mem	ber who		
was notified. In either cas					F	,	5	·			
						DA	TE NOTI	FIED :			
	<u> </u>										
PROPERTY DAMAGE	D (other than ve	hicles)		<b>OWNER OF PROPERTY</b> (include city agency, where applicable)							
				<u></u>							
					·····						
IF NYPD VEHICLE IS				L							
				Rank	Shield No.	Tax ID. No.	Co	ommand	<u> </u>		
Make of Vehicle	Year	Type of Vehicle	Plate No.		Dept. Vehicle	No.	Assigned To	What Comman	าป		
	Accident	<u>.                                    </u>					L				
Equipment in Use At Time of	Horn	Turret Light	4-Way Flas	her 🔲 High-Le	vel Warning Ligh	ts 🔲 Traffic	Cones	🔲 Head	dlights		
ACTIONS OF POLICE											
Responding to					Complying V	with Station H	ouse Direct	ive			
					Routine Pat						
Pursuing Violat											
	•)										

	Page 3 of 4 Pages New York State Department of Motor Vehicles Precinct Precinct POLICE ACCIDENT REPORT (NYC)									19														
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1	Cit	y or Tow	n				Sta	te		Code	i	City or Town State Zip Code												
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Check if involved vehicle is: Check if involved vehicle is: Circle the d							le the diagram below that describes the accident, or draw your own ram in space #9. Number the vehicles.								25 wn									
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PERSONS KILLED OR INJURE	D IN ACCIDENT (Lett	er designation	of persons ki	illed or injured	I must corre	spond with le	tter designat	tion on front).	
Last Name	First	M.I.	Last Name			First		M.I.	
Address			Address						
Date of Birth Month Day Year	Telephone (Area Code) ( )		Date of Birth Month	Day	Year	Telephone (A	Area Code)		
Last Name	First	M.I.	Last Name		·	First		M.I.	
Address			Address						
Date of Birth Month Day Year	Telephone (Area Code) ( )		Date of Birth Month	Day	Year	Telephone (A	vrea Code)		
Last Name	First	M.I.	Highway Dis	t. at Scene?	Yes No				
Address			Name:						
Date of Birth Month Day Year	Telephone (Area Code) ()						Shield No.		
ENTER INSURANCE POLICY NU	IMBER FROM INSUR	ANCE IDENTI	FICATION	CARD, EXPI	RATION D	ATE (IN ALL	CASES), A	ND VIN.	
Vehicle No.			Vehicle No	0					
Expiration Date			Expiration	Date					
VIN									
WITNESS (Attach separate shee Name	t, if necessary)	Addre		Phone					
· · · · · · · · · · · · · · · · · · ·		······································		<u> </u>					
					-,			,,	
DUPLICATE COPY REQUIRED F	OR:								
Dept. of Motor Vehicles (if anyone is killed/injured)	Motor Transp (P.D. vehicle)		NYC Taxi & Limousine Comm. Other City Agency (if a Licensed taxi or limousine (Specify) involved)						
<ul> <li>Office of Comptroller (if a City vehicle involved)</li> </ul>	Personnel Si (if a P.D. vehi		Highway Unit						
NOTIFICATIONS: (Enter name, ac		f friend or relativ	e notified. If	aided person i	s unidentified	d, list Missing	Person Squa	id member who	
was notified. In either case, give date a	and time of notification.)								
	· · · · · · · · · · · · · · · · · · ·								
PROPERTY DAMAGED (other th	an vehicles)		OWNER OF PROPERTY (include city agency, where applicable)						
· · · · · · · · · · · · · · · · · · ·									
IF NYPD VEHICLE IS INVOLVED									
Police Vehicle –Operator's First Name	Last Name		Rank	Shield I	No. Tax	ID. No.	Comman	d	
Make of Vehicle Year	Type of Vehicle	Plate No.		Dep	t. Vehicle No.	Assi	gned To What	Command	
Equipment in Use At Time of Accident	Turret Light	4-Way Flas	iher 🔲 Hi	igh-Level Warr	ning Lights	Traffic Con	es [	Headlights	
ACTIONS OF POLICE VEHICLE							Dire		
Responding to Code Signa	al					Station House	Directive		
Pursuing Violator Other (Describe)					utine Patrol				

	la l	TORK STA	New York State	e Department of	Motor Vehicle	es				
	Page 1 of 1 Pages	CRA A	TRUCK a	nd BUS SL	IPPLEMEN	NTAL				
	Local Codes		POLIC	E ACCIDEI	NT REPOF	хт <u>—</u>	$\vdash$			
	2016-52-010174	OF MOTOL		MV-104S (8			1			
			Mail To: NYS De	ept. of Motor Vel		ecords Center				
	MV-2016-052-011871	DED REPORT		2084, Albany N			_			
l	<b>INSTRUCTIONS</b> You must complete this form:		Number of:		Number of	Vohiology	]			
	◆ IF at least one of the vehicles involved is:									
	<ul> <li>a truck having a GVWR or GCWR &gt; 10,000 lbs.; or</li> </ul>			naving a GVWR o > 10,000 lbs.		ed/transported from scene to damage	Ì			
l	- a vehicle with a HazMat (HM) placard; or		GCVIR	e	ł					
1	<ul> <li>a bus designed to carry 9 or more persons, including th</li> <li>AND at least one of the following conditions is met:</li> </ul>	he driver;		with a HazMat (H	M) Number of I	Persons:	ł			
i	<ul> <li>AND at least one of the following conditions is met.</li> <li>at least one person sustained fatal injuries</li> </ul>		placard		<u>1</u> Sust	aining fatal injuries	1			
	- at least one person was transported for IMMEDIATE m	nedical treatment	t <u>1</u> Buses d	lesigned to carry	9 1 Tran	sported for IMMEDIATE				
	- at least one vehicle is disabled and was towed/transported	ed from the scene	e. or more	persons	1	ical treatment	j			
[	ACCIDENT DATE MILITARY TIME COUNTY			CITY/TOWN/VILL	AGE		]			
i	Mo. Day Year 10 14 2016 12:25 BRONX			NEW YORK			ł			
-	DRIVER					STATE OF LIC.	1			
ER						NY				
DRIVER	DRIVER NAME - exactly as printed on license (Last, First, M.I.)						]			
	SANCHEZ, AQUILES, R						4			
1	LICENSE CLASS 1 A 2 B 3 CDL C	4 D		5 DJ	Mo. Day	SEX Year 1 Male	8			
	6E 7M 8MJ	9_OTI	HER	10 DM		2 Female	1			
	CARRIER NAME						]			
ER	MAR-CAN TRASPORTATION INC STREET OR P.O. BOX CIT	<b>v</b>		STATE	ZIP CODE					
CARRIE		UNT VERNO	N	NY	10553	TOTAL AXLES (Includes trailers)	2			
AF	PLATE NUMBER STATE OF REG.		ENTIFICATION NUM							
0	33159SL NY		0 0 0 0 0		MC/MX					
2	GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES						1			
1	1 Less than or equal to 10,000 lbs.		SE35	5  L 3  7						
	2 10,001 - 26,000 lbs. 3 More than 26,000 lbs. <b>L F D B G J J H J H D m m m m m m m m m m</b>									
3 12	VEHICLE CONFIG 1 Bus (seats 15 + people, including driver) 8 Tra	actor/Triples			1 Two-way, not		10 1			
		•	uck, cannot classify	/		led, unprotected median	H			
		issenger Car - on Hazardous Materi	ly record when veh	icle displays	•	led, positive median barrier				
			ni-van, panel, picku	p, sport utility	4 One-way not	divided				
		, ,	when vehicle display	·	5 Not reported		ĺ			
4		is (seats for 9 - 15 O BODY TYPE	5 people, including	driver)			11			
12			11 Pole			ACCESS CONTROL	1			
	2 Van/Enclosed Box 7 Auto Tran	nsporter		e <i>ats 9-15 people, i</i> plicable/No Cargo		1 No Access Control	F			
	3 Cargo Tank 8 Garbage/ 4 Flatbed 9 Other	Refuse		odal Chassis	Dody .ypc	2 Full Access Control 4 Partial Access Control				
i	5 Dump 10 Grain, Chi	ips, Gravel	15 Loggin 16 Vehicle	g e Towing Another I	Motor Vehicle	4 Faltial Access Control				
5	CARRIER TYPE				BUS TYPE		12			
5 1	1 Intrastate Carrier 3 Not in Commerce (Other Tr				3 Transit	5 Charter	2			
6	2 Interstate Carrier 4 Not in Commerce - Govern	ment	2 Sc		4 Intercity	6 Other	13			
6 2	HAZARDOUS MATERIALS INVOLVEMENT	1 Ran Off Road		E OF EVENTS (FOI 13	R THIS VEHICLE) Involving Anima		12			
		2 Jackknife ( <i>nor</i>				Object ( <i>collision</i> )	14			
			over (noncollision)			Centerline (noncollision)	1 1			
	4-digit identification number 1 or 2-digit number from from diamond/orange panel bottom of diamond:		away (noncollision) r Shift (noncollision		• •	are (noncollision)	15			
		•	r Shift <i>(noncollisior</i> =ire ( <i>noncollision</i> )		(brake failure, b	•				
	1	7 Separation of	Units (noncollision)	)	Other (noncollis Unknown (nonc		16			
			estrian ( <i>collision</i> )	22	With Work Zone	,				
7		-	or Vehicle in Trans ked Motor Vehicle (	Jon (comsion)		- Equipment ( <i>collision</i> )	1			
2		11 Involving Train				able Object (collision)				
<u> </u>		12 Involving Ped		24	With Unknown I	Movable Object (collision)				
			BADGE/ID NO.	NCIC NO.	DA	TE OF REPORT	1			
	PRINT NAME					11110010 00 0-				
	IN FULL GERARD LATOUR	l	19423		10	/14/2016 20:11	ר			

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## POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

MV-104D (5/15)

## Mail to: NYS Dept. of Motor Vehicles, Accident Records Bureau, PO Box 2084, Albany NY 12220-0084.

Page 1 of 1 Pages

Local Code A	Accident Date	Military Time	County	· · · · · · · · · · · · · · · · · · ·	City	//Town/Villa	ge	No. Killed	No. of Vehicles	Work Related		
MV-2016-052-011871	Month Day Yr. 10 14 2016	10.05	DDON	v	NT	WI MODH	-	-	1			
Name and Address of Decea		12:25	BRON	A		W YORK		1	1			
PUELLO, CARMAN												
Speed Limit (MPH)	Location (Route	Number or Str	eet Name	)								
25 Estimated Speed:	WEST FORI	HAM ROAD	/ SE	DGWICK	AVENUE	1						
-	Unknown	Ve	ehicle _	MPł	+ 🗆 u	Inknown	Vehi	cle	МРН	Unknown		
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 Vehicle Vehicle												
Roadway Surface:								cie				
Concrete	Blacktop	Brick or Bl	lock	Dirt		Slag	Grave	el l	Stone	C Other		
No. of Lanes Roadway Flow	-				Ξ	Divided h	ighway, med	-	Divided high	way, guard rail		
2		phway, other b			unknown				✓ Not divided			
EMERGENCY MEDICAL SE	Time (Military):	HOSPITAL II			al outsido of	NVS give t	bo namo i cai	inty and at	ate of that hospit	alı		
Notified			was taken	to a nospit	a outside of	NTO, give t	ne name, cou	anty and st	ate of that hospit	di.		
Arrived at Scene		If the victim that hospital:		erred to ar	other hospit	al (after init	ial transporta	tion), give	the name, county	/ and state of		
Arrived at Hospital		mai nospital.										
OCCUPANT					·		- <u></u>					
						Туре		Air Bags				
			Deceased Yes/No	Time of	Extricated	Extricat Equip. U			turn and t	l Point of D <b>Vehicle***</b>		
V Driver	me		163/110	Death_	Yes/No**		Jsed Yes	/No Ver				
H SANCHEZ, AQUILI	S. R		NO		NO		N		2 -	FRONT		
I Passenger										1 10111		
С   L												
E Passenger												
1 V Driver												
E												
H Passenger												
C						1						
E Passenger												
V Driver												
H 1 Passenger												
C												
E Passenger												
* This includes southing of						L						
<ul> <li>This includes any type of number of the ambulance</li> </ul>	es so we can conta	act them:	police, priv	ate). Ir yot	i are unable	to turnish th	ie Eivis data,	please giv	e the name, addr	ess and plate		
** To be "extricated", the vie							ered "extricat	ied".				
*** Indicate the first area of the vehicle that was impacted (for example, right front, undercarriage).												
Additional Information	Additional Information											
Officer's Der-			D!!			main-t/D /	0 martin (2 11					
SIGN Officer's Rank and Signature <b>POM</b>		<u></u>	Badge/I	UNO. INCI		recinct/Post roop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Re	eviewed		
in Full GERARD	LATOUR		1942	3		10		NOT FINALIZ	ED NOT FIN	31.1700		
I GHIARD	DATOOR		1 7 3 4 7				I	I	INCI FIN			

Other : MV-2016-052-011871 Reporting Officer : POM GERARD LATOUR Reviewing Officer : Reviewed Date :

