



Pedestrian SIR-Highway Accident Brief

Attachment 1: Police Accident Report

Bronx, New York

HWY17SH004

(8 pages)

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 052
Accident No. MV-2016-052-011871

Complaint Number 2016-52-010174

AMENDED REPORT

19
18

Accident Date: 10/14/2016, Day of Week: FRIDAY, Military Time: 12:25, No. of Vehicles: 1, No. Injured: 0, No. Killed: 1

VEHICLE 1: Driver SANCHEZ, AQUILES, R; Driver PUELLO, CARMAN; Address: 318 E 3RD ST, MOUNT VERNON, NY 10553

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles.

Plate Number: 33159SL, State of Reg: NY, Vehicle Year & Make: 2007 FORD, Vehicle Type: BUS, Ins. Code: 473

Ticket/Arrest Number(s) and Violation Section(s) fields.

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

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED

Place Where Accident Occurred: BRONX, WEST FORDHAM ROAD, SEDGWICK AVENUE

Accident Description/Officer's Notes: PEDESTRIAN WAS CROSSING FROM SOUTH EAST CORNER TO SOUTH WEST CORNER IN MARKED CROSSWALK...

Table with columns: A, P, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

Officer's Rank and Signature: POM, GERARD LATOUR; Tax ID No., NCIC No., Precinct: 410; Reviewing Officer: NOT FINALIZED; Date/Time Reviewed: NOT FINALIZED

23
3

24
-

25
2

26
-

27
1

28
2

29
-

30
-

USE COVER SHEET P

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

<p>A Last Name First M.I. PUELLO CARMAN Address [REDACTED] Date of Birth Telephone (Area Code) Month Day Year () Last Name First M.I. Address Date of Birth Telephone (Area Code) Month Day Year () Last Name First M.I. Address Date of Birth Telephone (Area Code) Month Day Year () Last Name First M.I. Address Date of Birth Telephone (Area Code) Month Day Year ()</p>	<p>Last Name First M.I. Last Name First M.I. Address Address Date of Birth Telephone (Area Code) Month Day Year () Last Name First M.I. Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name: POM KWANG CHOI Shield No. 26995</p>
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ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 [REDACTED] Vehicle No. _____
 Expiration Date _____ Expiration Date _____
 VIN **1FDSE35L37D** [REDACTED] VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

Dept. of Motor Vehicles (if anyone is killed/injured)
 Motor Transport Division (P.D. vehicle involved)
 NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 Other City Agency (Specify) _____
 Office of Comptroller (if a City vehicle involved)
 Personnel Safety Unit (if a P.D. vehicle involved)
 Highway Unit **1** _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

[REDACTED] **DATE NOTIFIED :** _____

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

ACTIONS OF POLICE VEHICLE

Responding to Code Signal
 Complying with Station House Directive
 Pursuing Violator
 Routine Patrol
 Other (Describe) _____

POLICE ACCIDENT REPORT (NYC) MV-104AN (7/11)

Precinct 052
Accident No. MV-2016-052-011871

Complaint Number 2016-52-010174

AMENDED REPORT

Accident Date: 10/14/2016, Day of Week: FRIDAY, Military Time: 12:25, No. of Vehicles: 1, No. Injured: 0, No. Killed: 1, Police Photos: Yes

VEHICLE 1: Driver License ID Number, Driver Name, Address, City or Town, State, Zip Code

VEHICLE 2: Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name, Address, City or Town, State, Zip Code

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code

Ticket/Arrest Number(s), Violation Section(s)

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, VEHICLE 2 DAMAGE CODES, ACCIDENT DIAGRAM

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

Reference Marker, Coordinates, Place Where Accident Occurred: WEST FORDHAM ROAD, SEDGWICK AVENUE

Accident Description/Officer's Notes: TREATED, AND WAS PRONOUNCED DEAD BY DR. BALTAZAR AT 1447 HRS. CASE IS BEING INVESTIGATED BY HIGHWAY 1 C.I.S CASE # 316-52.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

Officer's Rank and Signature: POM GERARD LATOUR, Tax ID No., NCIC No., Precinct: 410, Post/Sector, Reviewing Officer: NOT FINALIZED, Date/Time Reviewed: NOT FINALIZED

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)						Date of Birth			Telephone (Area Code)					
Month	Day	Year	()						Month	Day	Year	()					
Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)						Date of Birth			Telephone (Area Code)					
Month	Day	Year	()						Month	Day	Year	()					
Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Address									Name:								
Date of Birth			Telephone (Area Code)						Shield No.								
Month	Day	Year	()														

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____ Vehicle No. _____
 Expiration Date _____ Expiration Date _____
 VIN _____ VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

Dept. of Motor Vehicles (if anyone is killed/injured)
 Motor Transport Division (P.D. vehicle involved)
 NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 Other City Agency (Specify) _____
 Office of Comptroller (if a City vehicle involved)
 Personnel Safety Unit (if a P.D. vehicle involved)
 Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

ACTIONS OF POLICE VEHICLE

Responding to Code Signal Complying with Station House Directive
 Pursuing Violator Routine Patrol
 Other (Describe) _____



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (8/14)

Mail To: NYS Dept. of Motor Vehicles, Crash Records Center
PO Box 2084, Albany NY 12220-0084

Local Codes

2016-52-010174

MV-2016-052-011871

AMENDED REPORT

INSTRUCTIONS You must complete this form:

- ◆ **IF** at least one of the vehicles involved is:
 - a truck having a GVWR or GCWR > 10,000 lbs.; or
 - a vehicle with a HazMat (HM) placard; or
 - a bus designed to carry 9 or more persons, including the driver;
- ◆ **AND** at least one of the following conditions is met:
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment
 - at least one vehicle is disabled and was towed/transported from the scene.

Number of:

- 0 Trucks having a GVWR or GCWR > 10,000 lbs.
- 0 Vehicles with a HazMat (HM) placard
- 1 Buses designed to carry 9 or more persons

Number of Vehicles:

0 Towed/transported from scene due to damage

Number of Persons:

- 1 Sustaining fatal injuries
- 1 Transported for IMMEDIATE medical treatment

ACCIDENT DATE			MILITARY TIME	COUNTY	CITY/TOWN/VILLAGE
Mo.	Day	Year	12:25	BRONX	NEW YORK
10	14	2016			

DRIVER	DRIVER LICENSE ID #	STATE OF LIC.
	DRIVER NAME - exactly as printed on license (Last, First, M.I.)	NY
	SANCHEZ, AQUILES, R	

1	LICENSE CLASS					DATE OF BIRTH			SEX	8
	1 A	2 B	3 CDL C	4 D	5 DJ	Mo.	Day	Year	1 Male	
	6 E	7 M	8 MJ	9 OTHER	10 DM				2 Female	1

CARRIER	CARRIER NAME								
	MAR-CAN TRASPORATION INC								
	STREET OR P.O. BOX		CITY	STATE	ZIP CODE	TOTAL AXLES			9
318 E 3RD ST		MOUNT VERNON	NY	10553	(Includes trailers)				
	PLATE NUMBER	STATE OF REG.	CARRIER'S IDENTIFICATION NUMBERS						
	33159SL	NY	US DOT 000000					MC/MX	

2	GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES	VEHICLE IDENTIFICATION NUMBER											
	1 Less than or equal to 10,000 lbs.	2 10,001 - 26,000 lbs.	3 More than 26,000 lbs.	1	F	D	S	E	3	5	L	3	7

3	VEHICLE CONFIGURATION						TRAFFIC WAY			10						
	1 Bus (seats 15 + people, including driver)	2 Single-unit Truck (2-axle, 6-tire)	3 Single-unit Truck (3 or more axles)	4 Truck/Trailer	5 Truck Tractor (bobtail)	6 Tractor/Semi-trailer	7 Tractor/Doubles	8 Tractor/Triples	9 Unknown Heavy Truck, cannot classify		10 Passenger Car - only record when vehicle displays a Hazardous Material placard	11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard	12 Bus (seats for 9 - 15 people, including driver)	1 Two-way, not divided	2 Two-way, divided, unprotected median	3 Two-way, divided, positive median barrier

4	CARGO BODY TYPE						ACCESS CONTROL			11								
	1 Bus (seats 15+ people, including driver)	2 Van/Enclosed Box	3 Cargo Tank	4 Flatbed	5 Dump	6 Concrete Mixer	7 Auto Transporter	8 Garbage/Refuse	9 Other		10 Grain, Chips, Gravel	11 Pole	12 Bus (seats 9-15 people, including driver)	13 Not Applicable/No Cargo Body Type	14 Intermodal Chassis	15 Logging	16 Vehicle Towing Another Motor Vehicle	1 No Access Control

5	CARRIER TYPE				BUS TYPE				12
	1 Intrastate Carrier	2 Interstate Carrier	3 Not in Commerce (Other Truck/Bus over 10,000 lbs.)	4 Not in Commerce - Government	1 Not a Bus	2 School	3 Transit	4 Intercity	

6	HAZARDOUS MATERIALS INVOLVEMENT				SEQUENCE OF EVENTS (FOR THIS VEHICLE)								13											
	Does vehicle have HazMat placard? 1 Yes 2 No				1 Ran Off Road (noncollision)	2 Jackknife (noncollision)	3 Overturn/Rollover (noncollision)	4 Downhill Runaway (noncollision)	5 Cargo Loss or Shift (noncollision)	6 Explosion or Fire (noncollision)	7 Separation of Units (noncollision)	8 Involving Pedestrian (collision)		9 Involving Motor Vehicle in Transport (collision)	10 Involving Parked Motor Vehicle (collision)	11 Involving Train (collision)	12 Involving Pedalcycle (collision)	13 Involving Animal (collision)	14 Involving Fixed Object (collision)	18 Cross Median/Centerline (noncollision)	19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)	20 Other (noncollision)	21 Unknown (noncollision)	22 With Work Zone Maintenance Equipment (collision)
7	COPY FROM PLACARD:				NAME OF HAZ								14											
	4-digit identification number from diamond/orange panel				1 or 2-digit number from bottom of diamond:																			
7	WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?												15											
	1 Yes 2 No																							

OFFICER'S RANK AND SIGNATURE POM	BADGE/ID NO.	NCIC NO.	DATE OF REPORT
PRINT NAME IN FULL GERARD LATOUR	19423		10/14/2016 20:11



Local Code MV-2016-052-011871	Accident Date			Military Time 12:25	County BRONX	City/Town/Village NEW YORK	No. Killed 1	No. of Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Month 10	Day 14	Yr. 2016						
Name and Address of Deceased PUELLO, CARMAN									

ACCIDENT DATA

Speed Limit (MPH) 25	Location (Route Number or Street Name) WEST FORDHAM ROAD / SEDGWICK AVENUE /								
Estimated Speed:									
Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown	Vehicle _____ MPH <input type="checkbox"/> Unknown	Vehicle _____ MPH <input type="checkbox"/> Unknown							
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 _____ Vehicle _____ Vehicle _____									
Roadway Surface:									
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Blacktop	<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Slag	<input type="checkbox"/> Gravel	<input type="checkbox"/> Stone	<input type="checkbox"/> Other		
No. of Lanes 2	Roadway Flow:								
	<input type="checkbox"/> One-way Traffic	<input type="checkbox"/> Divided highway, median strip				<input type="checkbox"/> Divided highway, guard rail			
	<input type="checkbox"/> Divided highway, other barrier or barrier type unknown					<input checked="" type="checkbox"/> Not divided			

EMERGENCY MEDICAL SERVICES*		HOSPITAL INFORMATION	
Time (Military): _____		If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:	
Notified _____		_____	
Arrived at Scene _____		If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:	
Arrived at Hospital _____		_____	

OCCUPANT

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver SANCHEZ, AQUILES, R	NO		NO		NO		2 - FRONT
Passenger							
Passenger							
Driver							
Passenger							
Passenger							
Driver							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted (for example, right front, undercarriage).

Additional Information							
SIGN HERE	Officer's Rank and Signature POM	Badge/ID No. 19423	NCIC No. 	Precinct/Post Troop/Zone 410	Station/Beat/Sector	Reviewing Officer NOT FINALIZED	Date/Time Reviewed NOT FINALIZED
	Print Name in Full GERARD LATOUR						

Other : MV-2016-052-011871

Reporting Officer : POM GERARD LATOUR

Reviewing Officer : Reviewed Date :

