



Pedestrian SIR-Highway Accident Brief

Attachment 1: NYC Police Accident Report

Manhattan, New York #2

HWY17SH006

(11 pages)

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

Precinct 001

Accident No. MV-2016-001-012358

Complaint Number 2016-001-006985

AMENDED REPORT

19
7

1	Accident Date Month: 10, Day: 21, Year: 2016	Day of Week: FRIDAY	Military Time: 17:30	No. of Vehicles: 1	No. Injured: 1	No. Killed: 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	VEHICLE 1			VEHICLE <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					

20

1	VEHICLE - Driver License ID Number	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.
2	Driver Name - exactly as printed on license: WECKWORTH, ROGER, E	Address (Include Number & Street)	Driver Name - exactly as printed on license: KREMENTSOVA, BELLA, YURY	Address (Include Number & Street)

21

3	Date of Birth: [Month] [Day] [Year]	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 7	Public Property Damaged: <input type="checkbox"/>	Date of Birth: [Month] [Day] [Year]	Sex: F	Unlicensed: <input type="checkbox"/>	No. of Occupants:	Public Property Damaged: <input type="checkbox"/>
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22

3	Name - exactly as printed on registration: MTA BUS COMPANY	Sex:	Date of Birth: [Month] [Day] [Year]	Name - exactly as printed on registration:	Sex:	Date of Birth: [Month] [Day] [Year]		
4	Address (Include Number & Street): 341 MADISON AVENUE	Apt. No.:	Haz. Mat. Code:	Released: <input type="checkbox"/>	Address (Include Number & Street):	Apt. No.:	Haz. Mat. Code:	Released: <input type="checkbox"/>

23
5

5	Plate Number: AT9238	State of Reg. NY	Vehicle Year & Make: 2006 MCI	Vehicle Type: BUS	Ins. Code: 993	Plate Number:	State of Reg.:	Vehicle Year & Make:	Vehicle Type:	Ins. Code:
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24

1	Ticket/Arrest Number(s): M16672650R	Ticket/Arrest Number(s):
1	Violation Section(s): 19-190 VTL	Violation Section(s):

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.
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25
1

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 18	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	ACCIDENT DIAGRAM 7 HEAD ON
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26

1	Vehicle Towed: By MTA NYC TRANSIT To QUILL BUS DEPOT	Vehicle Towed: By To
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27
1

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

28
2

Reference Marker	Coordinates (if available) Latitude/Northing: 40.702663	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
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29

Longitude/Easting: -74.012886	Road on which accident occurred: WATER STREET	(Route Number or Street Name)
at 1) intersecting street: WHITEHALL STREET	(Route Number or Street Name)	

Accident Description/Officer's Notes: VEHICLE #1 WAS TRAVELING SOUTH BOUND ON WHITEHALL STREET AT THE INTERSECTION OF WATER STREET, WHEN VEHICLE #1 ENTERED THE INTERSECTION WITH A GREEN TRAFFIC SIGNAL AND WAS UNABLE TO CLEAR THE INTERSECTION. VEHICLE #1 STAYED AT REST BLOCKING THE INTERSECTION AS WELL AS THE SOUTH CROSSWALK OF WHITEHALL STREET. PEDESTRIAN #1 ENTERED THE MARKED SOUTH CROSSWALK WITH THE GREEN SIGNAL IN HER FAVOR. THE PEDESTRIAN

30

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	P	-	-	-	58	F	1	5	1	9994	-	-	-	KREMENTSOVA, BELLA, YURY	10/21/2016
B	1	1	3	1	63	M	X	13	6	-	7203	-	-	WECKWORTH, ROGER, E	
C	1	7	1	1	44	M	-	-	-	-	-	-	-	REEVES, DHABU	
D	1	7	1	1	32	M	-	-	-	-	-	-	-	SHAW, DANNY	
E	1	7	1	1	31	F	-	-	-	-	-	-	-	MAZZOCCA, MONICA-MARIA	
F	1	7	1	1	33	M	-	-	-	-	-	-	-	JOSE, SOORAJ	

USE COVER SHEET

Officer's Rank and Signature: POM	Print Name in Full: ANDRE L ROSS	Tax ID No.	NCIC No.	Precinct: 410	Post/Sector	Reviewing Officer: NOT FINALIZED	Date/Time Reviewed: NOT FINALIZED
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PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name KREMENTSOVA First BELLA M.I. YURY		Last Name _____ First _____ M.I. _____	
Address _____		Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ (_____)	Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ (_____)
B Last Name WECKWORTH First ROGER M.I. E		Last Name _____ First _____ M.I. _____	
Address _____		Address _____	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ (_____)	Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ (_____)
Last Name _____ First _____ M.I. _____		Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address _____		Name: DT3 MICHAEL MURPHY	
Date of Birth Month _____ Day _____ Year _____	Telephone (Area Code) _____ (_____)	Shield No. 6715	

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

Vehicle No. : <u>GOVERNMENT OWNED</u>	Vehicle No. _____
Expiration Date _____	Expiration Date _____
VIN <u>1M8PMDA16P</u> _____	VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input checked="" type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input checked="" type="checkbox"/> Other City Agency (Specify) <u>MTA NYC TRANSIT</u>
<input checked="" type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input checked="" type="checkbox"/> Highway Unit <u>1</u>	

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

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe)	

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
001
Accident No.
MV-2016-001-012358

Complaint
Number **2016-001-006985**

AMENDED REPORT

1	Accident Date Month 10 Day 21 Year 2016	Day of Week FRIDAY	Military Time 17:30	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE - Driver License ID Number				State of Lic.	VEHICLE - Driver License ID Number				State of Lic.	21	
Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				Address (Include Number & Street)				Apt. No.
City or Town				State	Zip Code	City or Town				State	Zip Code	22

3	Date of Birth Month Day Year	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
Name - exactly as printed on registration				Sex	Date of Birth Month Day Year	Name - exactly as printed on registration				Sex	Date of Birth Month Day Year
Address (Include Number & Street)				Apt. No.	Haz. Mat. Code	Address (Include Number & Street)				Apt. No.	Haz. Mat. Code
City or Town				State	Zip Code	City or Town				State	Zip Code

5	Ticket/Arrest Number(s)	Violation Section(s)	24
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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.	25
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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 Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite)	26
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Reference Marker Coordinates (if available) Latitude/Northing: 40.702663 Longitude/Easting: -74.012886	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: WATER STREET (Route Number or Street Name) at 1) intersecting street WHITEHALL 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 _____ (Miscellaneous Nearest Intersecting Route Number or Street Name)	Diagram Attached on Subsequent Page 7 HEAD ON 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	27
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Accident Description/Officer's Notes **CROSSED IN FRONT OF VEHICLE #1 AS IT MOVED FORWARD CAUSING THE PEDESTRIAN TO GO UNDER VEHICLE #1 AND DRAGGED SEVERAL BLOCKS. VEHICLE #1 CAME TO STOP AT THE INTERSECTION OF EDGAR STREET AND TRINITY PLACE. THE PEDESTRIAN WAS PRONOUNCED DEAD ON SCENE BY FDNY EMT COUGHLIN SH# 3280 AT 1815 HRS. COLLISION REFERRED TO HWY 1 CIS FOR INVESTIGATION AND FOLLOW UP.**

8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
G	1	7	1	49	F	-	-	-	-	-	-	-	-	SANCHEZ, JEANESE	
H	1	7	1	46	F	-	-	-	-	-	-	-	-	TSAPSANOS, CHRISTINA	
I	1	7	1	54	M	-	-	-	-	-	-	-	-	CHU, CHEUNG-HUNG	

Officer's Rank and Signature POM Print Name ANDRE L ROSS	Tax ID No. NCIC No. 410	Precinct 410	Post/Sector NOT FINALIZED	Reviewing Officer NOT FINALIZED	Date/Time Reviewed NOT FINALIZED
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DMKFOZ

19 -
20 -
21 -
22 -
23 -
24 -
25 -
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).

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

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:

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

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> 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
2016-001-006985
MV-2016-001-012358

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:
 1 Towed/transported from scene due to damage
 Number of Persons:
 1 Sustaining fatal injuries
 2 Transported for IMMEDIATE medical treatment

ACCIDENT DATE: Mo. 10, Day 21, Year 2016
 MILITARY TIME: 17:30
 COUNTY: NEW YORK
 CITY/TOWN/VILLAGE: NEW YORK

DRIVER
 LICENSE ID # [blacked out]
 STATE OF LIC. NY
 DRIVER NAME - exactly as printed on license (Last, First, M.I.)
 WECKWORTH, ROGER, E

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

CARRIER
 CARRIER NAME: MTA BUS COMPANY
 STREET OR P.O. BOX: 341 MADISON AVENUE
 CITY: NEW YORK, STATE: NY, ZIP CODE: [blacked out]
 TOTAL AXLES (includes trailers) **3**

PLATE NUMBER: AT9238
 STATE OF REG.: NY
 CARRIER'S IDENTIFICATION NUMBERS: US DOT 0, MC/MX [blacked out]

3 GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES:
 1 Less than or equal to 10,000 lbs.
 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.
 VEHICLE IDENTIFICATION NUMBER: 1 M 8 P D M D A 1 6 P [blacked out]

1 VEHICLE CONFIGURATION:
 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)
 TRAFFIC WAY:
 1 Two-way, not divided
 2 Two-way, divided, unprotected median
 3 Two-way, divided, positive median barrier
 4 One-way not divided
 5 Not reported **4**

1 CARGO BODY TYPE:
 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
 ACCESS CONTROL:
 1 No Access Control
 2 Full Access Control
 4 Partial Access Control **2**

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

2 HAZARDOUS MATERIALS INVOLVEMENT:
 Does vehicle have HazMat placard? 1 Yes 2 No
 COPY FROM PLACARD:
 4-digit identification number from diamond/orange panel [blacked out]
 1 or 2-digit number from bottom of diamond: [blacked out]
 NAME OF HAZ MAT CLASS: [blacked out]

2 WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?
 1 Yes 2 No
 SEQUENCE OF EVENTS (FOR THIS VEHICLE):
 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)
 23 With Other Movable Object (collision)
 24 With Unknown Movable Object (collision) **8**

OFFICER'S RANK AND SIGNATURE POM: [Signature]
 PRINT NAME IN FULL: ANDRE L ROSS
 BADGE/ID NO.: 28162
 NCIC NO.: [blacked out]
 DATE OF REPORT: 10/22/2016 02:40



Local Code MV-2016-001-012358	Accident Date Month: 10 Day: 21 Yr: 2016	Military Time 17:30	County NEW YORK	City/Town/Village NEW YORK	No. Killed 1	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address of Deceased
KREMENTSOVA, BELLA, YURY

ACCIDENT DATA

Speed Limit (MPH) 25	Location (Route Number or Street Name) WATER STREET / WHITEHALL STREET /
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, other barrier or barrier type unknown <input checked="" type="checkbox"/> Divided highway, guard rail <input checked="" type="checkbox"/> Not divided

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

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Air Bags Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver WECKWORTH, ROGER, E	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
I C L E 2 Passenger REEVES, DHAHABU	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
3 Passenger SHAW, DANNY	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
V E H I C L E 4 Driver							
5 Passenger							
6 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 Print Name in Full ANDRE L ROSS	Badge/ID No. 28162	NCIC No. [REDACTED]	Precinct/Post Troop/Zone 410	Station/Beat/Sector	Reviewing Officer NOT FINALIZED	Date/Time Reviewed NOT FINALIZED
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Local Code MV-2016-001-012358	Accident Date Month Day Yr. 10 21 2016	Military Time 17:30	County NEW YORK	City/Town/Village NEW YORK	No. Killed 1	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							

ACCIDENT DATA

Speed Limit (MPH)	Location (Route Number or Street Name) WATER STREET / WHITEHALL STREET /
Estimated Speed: Vehicle 1 _____ 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 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	Roadway Flow: <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not divided

EMERGENCY MEDICAL SERVICES* Time (Military): Notified Arrived at Scene Arrived at Hospital	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:
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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							
1 Passenger MAZZOCCA, MONICA-MARIA	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
1 Passenger JOSE, SOORAJ	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
V E H I C L E 2 Driver							
1 Passenger							
1 Passenger							
V E H I C L E 3 Driver							
1 Passenger							
1 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 Print Name in Full ANDRE L ROSS	Badge/ID No. 28162	NCIC No. [REDACTED]	Precinct/Post Troop/Zone 410	Station/Beat/Sector	Reviewing Officer NOT FINALIZED	Date/Time Reviewed NOT FINALIZED



Local Code MV-2016-001-012358	Accident Date Month Day Yr. 10 21 2016	Military Time 17:30	County NEW YORK	City/Town/Village NEW YORK	No. Killed 1	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Name and Address of Deceased

ACCIDENT DATA

Speed Limit (MPH) _____ Location (Route Number or Street Name)
WATER STREET / WHITEHALL STREET /

Estimated Speed:
 Vehicle 1 _____ MPH Unknown Vehicle _____ MPH Unknown Vehicle _____ MPH Unknown

Vehicle Model (for example, Mustang or Corvette):
 Vehicle 1 _____ Vehicle _____ Vehicle _____

Roadway Surface:
 Concrete Blacktop Brick or Block Dirt Slag Gravel Stone Other

No. of Lanes _____ Roadway Flow: One-way Traffic Divided highway, median strip Divided highway, guard rail
 Divided highway, other barrier or barrier type unknown Not divided

EMERGENCY MEDICAL SERVICES* Time (Military): _____ Notified _____ Arrived at Scene _____ Arrived at Hospital _____	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:
	If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that 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							
Passenger							
SANCHEZ, JEANESE	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
2 Passenger							
TSAPSANOS, CHRISTINA	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
V E H I C L E 2 Driver							
Passenger							
Passenger							
V E H I C L E 3 Driver							
Passenger							
Passenger							

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Additional Information

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	Print Name in Full ANDRE L ROSS	28162	[REDACTED]	410			NOT FINALIZED



Local Code MV-2016-001-012358	Accident Date Month: 10 Day: 21 Yr: 2016	Military Time 17:30	County NEW YORK	City/Town/Village NEW YORK	No. Killed 1	No. of Vehicles 1	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							

ACCIDENT DATA

Speed Limit (MPH)	Location (Route Number or Street Name) WATER STREET / WHITEHALL STREET /		
Estimated Speed:			
Vehicle 1 _____ MPH <input 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 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	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 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 _____	
Arrived at Hospital _____	If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that 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							
Passenger							
CHU, CHEUNG-HUNG	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
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:

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Head On : MV-2016-001-012358

Reporting Officer : POM ANDRE L ROSS

Reviewing Officer : Reviewed Date :

