



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-2016-001-012358Complaint
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"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 7			
2	VEHICLE 1 Driver License ID Number [REDACTED] State of Lic. NY Driver Name - exactly as printed on license WECKWORTH, ROGER, E Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 7 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration MTA BUS COMPANY Address (Include Number & Street) 341 MADISON AVENUE Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town NEW YORK State NY Zip Code [REDACTED] Plate Number AT9238 State of Reg. NY Vehicle Year & Make 2006 MCI Vehicle Type BUS Ins. Code 993 Ticket/Arrest Number(s) M16672650R Violation Section(s) 19-190 VTL				VEHICLE 2 Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license KREMENTSOVA, BELLA, YURY Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex F Unlicensed <input type="checkbox"/> No. of Occupants [REDACTED] Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED] Ticket/Arrest Number(s) [REDACTED] Violation Section(s) [REDACTED]				20 -				
3	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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 18 Enter up to three more Damage Codes 3 4 5 Vehicle Towed: By MTA NYC TRANSIT To QUILL BUS DEPOT				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage [REDACTED] Enter up to three more Damage Codes 3 4 5 Vehicle Towed: By [REDACTED] To [REDACTED]				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. ACCIDENT DIAGRAM DIAGRAM ATTACHED ON SUBSEQUENT PAGE 7 HEAD ON 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				21 -
4	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 at 1) intersecting street WHITEHALL STREET (Route Number or Street Name) or 2) [REDACTED] N S E W of [REDACTED] (Route Number or Street Name) (Milepost, Nearest Intersecting Route Number or Street Name)				VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				30 -				
5	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										31 -		
6	ALL INVOLVED										32 -		
7	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, DHAHABU 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										33 -		
8	Officer's Rank and Signature POM Print Name ANDRE L ROSS				Tax ID No. [REDACTED] NCIC No. [REDACTED] Precinct 410		Post/Sector [REDACTED] Reviewing Officer NOT FINALIZED		Date/Time Reviewed NOT FINALIZED		34 -		

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 Name: DT3 MICHAEL MURPHY			
Address _____				Shield No. 6715			
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. 1 <u>GOVERNMENT OWNED</u>	Vehicle No. _____
Expiration Date _____	Expiration Date _____
VIN <u>1M8PDMDA16P</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

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17	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.										35																																								
18	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>7</td> <td>1</td> <td>49</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>SANCHEZ, JEANESE</td> <td></td> </tr> <tr> <td>1</td> <td>7</td> <td>1</td> <td>46</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>TSAPSANOS, CHRISTINA</td> <td></td> </tr> <tr> <td>1</td> <td>7</td> <td>1</td> <td>54</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>CHU, CHEUNG-HUNG</td> <td></td> </tr> </tbody> </table>										BY	TO	Names of all involved	Date of Death Only	1	7	1	49	F	-	-	-	-	-	SANCHEZ, JEANESE		1	7	1	46	F	-	-	-	-	-	TSAPSANOS, CHRISTINA		1	7	1	54	M	-	-	-	-	-	CHU, CHEUNG-HUNG		36
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19	Officer's Rank and Signature POM					Tax ID No. _____ NCIC No. _____ Precinct 410 Post/Sector _____					37																																								
20	Print Name in Full ANDRE L ROSS					Reviewing Officer NOT FINALIZED Date/Time Reviewed NOT FINALIZED					38																																								

DMV-CR-104-AN (7/11)

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			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			Name:					
Address									Shield No.								
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			Name:					
Address									Shield No.								

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"/> Turnet 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. Day Year
 10 21 2016
MILITARY TIME

17:30

COUNTY

NEW YORK

CITY/TOWN/VILLAGE

NEW YORK

DRIVER

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

NY

LICENSE CLASS

1 A

2 B

3 CDL C

4 D

5 DJ

10 DM

DATE OF BIRTH

Mo. Day Year

SEX

1 Male

2 Female

CARRIER

CARRIER NAME

MTA BUS COMPANY

STREET OR P.O. BOX

341 MADISON AVENUE

CITY

NEW YORK

STATE

NY

ZIP CODE**TOTAL AXLES**

(Includes trailers)

PLATE NUMBER

AT9238

STATE OF REG.

NY

CARRIER'S IDENTIFICATION NUMBERS

US DOT

0

MC/MX

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

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

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

CARRIER TYPE

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

BUS TYPE

3 Transit

4 Intercity

5 Charter

6 Other

HAZARDOUS MATERIALS INVOLVEMENT

Does vehicle have HazMat placard? 1 Yes 2 No

COPY FROM PLACARD:

4-digit identification number

from diamond/orange panel

1 or 2-digit number from

bottom of diamond:

NAME OF HAZ

MAT CLASS:

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)

OFFICER'S RANK AND SIGNATURE POM
 PRINT NAME
 IN FULL ANDRE L ROSS
BADGE/ID NO.

28162

NCIC NO.**DATE OF REPORT**

10/22/2016 02:40



Department of
Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS
Mail to: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084.

MV-104D (5/15)

Page 1 of 4 Pages

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 KREMENTSOVA, BELLA, YURY							
<div style="background-color: black; height: 20px; width: 100%;"></div>							

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, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <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:	

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 Driver E WECKWORTH, ROGER, E	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
I Passenger C REEVES, DHAHABU	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
E Passenger 1 SHAW, DANNY	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
V Driver							
E Passenger							
I Passenger							
C Passenger							
E 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. <div style="background-color: black; width: 50px; height: 15px;"></div>	Precinct/Post Troop/Zone 410	Station/Beat/Sector	Reviewing Officer NOT FINALIZED	Date/Time Reviewed NOT FINALIZED
--------------	-------------------------------------------------------------------------------	---------------------------	----------------------------------------------------------------------------------	-------------------------------------	---------------------	------------------------------------	--------------------------------------------



Department of
Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS
Mail to: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084.

MV-104D (5/15)

Page 2 of 4 Pages

Local Code	Accident Date Month Day Yr.	Military Time	County	City/Town/Village	No. Killed	No. of Vehicles	Work Related
MV-2016-001-012358	10 21 2016	17:30	NEW YORK	NEW YORK	1	1	<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, 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:

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 Driver							
Passenger							
MAZZOCCA, MONICA-MARIA	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
Passenger							
JOSE, SOORAJ	NO		NO			YES	3 - PASSENGER SIDE FRONT CORNER
V E H I C L E Driver							
Passenger							
Passenger							
V E H I C L E 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.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer NOT FINALIZED	Date/Time Reviewed
	Print Name in Full ANDRE L ROSS	28162		410			NOT FINALIZED



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Name and Address of Deceased							

ACCIDENT DATA

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Vehicle Model (for example, Mustang or Corvette): Vehicle 1 <u> </u> Vehicle <u> </u> Vehicle <u> </u>			
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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 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 Driver							
Passenger							
Passenger							
V E H I C L E Driver							
Passenger							
Passenger							

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Additional Information

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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	1 - PASSENGER SEAT FRONT CORNER
Passenger							
V E H I C L E Driver							
Passenger							
Passenger							
V E H I C L E Driver							
Passenger							
Passenger							

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	Print Name in Full ANDRE L ROSS	28162		410			NOT FINALIZED

Head On : MV-2016-001-012358

Reporting Officer : POM ANDRE L ROSS

Reviewing Officer : Reviewed Date :

