



Pedestrian SIR-Highway Accident Brief

Attachment 1: NYC Police Accident Report

Manhattan, New York #1

HWY17SH003

(4 pages)

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
007
Accident No.
MV-2016-007-010886Complaint
Number 2016-7-004208☐ AMENDED REPORT

1	Accident Date Month <u>10</u> Day <u>4</u> Year <u>2016</u>	Day of Week <u>TUESDAY</u>	Military Time <u>09:49</u>	No. of Vehicles <u>1</u>	No. Injured <u>0</u>	No. Killed <u>1</u>	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	20																																																																	
2	VEHICLE 1 <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										21																																																																
3	VEHICLE 1 - Driver License ID Number <u>[REDACTED]</u> State of Lic. <u>NY</u>					VEHICLE - Driver License ID Number <u>[REDACTED]</u> State of Lic. <u>[REDACTED]</u>					22																																																																
3	Driver Name - exactly as printed on license <u>BEAUFILS, LESLIE</u>					Driver Name - exactly as printed on license <u>COLON, ANA, L</u>					23																																																																
3	Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u>					Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u>					24																																																																
3	City or Town <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u>					City or Town <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u>					25																																																																
2	Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>					Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>[REDACTED]</u> Public Property Damaged <input type="checkbox"/>					26																																																																
4	Name - exactly as printed on registration <u>NEW YORK CITY, TRANSIT AUTHORITY</u> Sex <u>U</u> Date of Birth Month <u>12</u> Day <u>11</u> Year <u>2014</u>					Name - exactly as printed on registration <u>[REDACTED]</u> Sex <u>[REDACTED]</u> Date of Birth Month <u>[REDACTED]</u> Day <u>[REDACTED]</u> Year <u>[REDACTED]</u>					27																																																																
4	Address (Include Number & Street) <u>750 ZEREGA AVENUE</u> Apt. No. <u>[REDACTED]</u> Haz. Mat. Code <u>[REDACTED]</u> Released <input type="checkbox"/>					Address (Include Number & Street) <u>[REDACTED]</u> Apt. No. <u>[REDACTED]</u> Haz. Mat. Code <u>[REDACTED]</u> Released <input type="checkbox"/>					28																																																																
4	City or Town <u>BRONX</u> State <u>NY</u> Zip Code <u>[REDACTED]</u>					City or Town <u>[REDACTED]</u> State <u>[REDACTED]</u> Zip Code <u>[REDACTED]</u>					29																																																																
5	Plate Number <u>AU2696</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2012 NO/BU</u>		Vehicle Type <u>BUS</u>		Ins. Code <u>994</u>		30																																																																
5	Ticket/Arrest Number(s) <u>[REDACTED]</u>					Ticket/Arrest Number(s) <u>[REDACTED]</u>					31																																																																
5	Violation Section(s) <u>[REDACTED]</u>					Violation Section(s) <u>[REDACTED]</u>					32																																																																
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.					33																																																																
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>18</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>					34																																																																
7	Vehicle <u>By NEW YORK CITY TRANSIT AUTHORITY</u> Towed: <u>To 525 11TH AVENUE NEW YORK, NY 10016</u>					Vehicle <u>By</u> Towed: <u>To</u>					35																																																																
7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					DIAGRAM ATTACHED ON SUBSEQUENT PAGE 9 OTHER 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 checked="" type="checkbox"/> No					36																																																																
7	Reference Marker <u>[REDACTED]</u>		Coordinates (if available) Latitude/Northing: <u>40.719933</u> Longitude/Easting: <u>-73.97876</u>		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 <u>EAST HOUSTON STREET</u> (Route Number or Street Name) at 1) intersecting street <u>COLUMBIA STREET</u> (Route Number or Street Name) or 2) <u>[REDACTED]</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>[REDACTED]</u> (Milepost, Nearest Intersecting Route Number or Street Name)							37																																																															
7	Accident Description/Officer's Notes <u>AT TPO OPERATOR OF VEHICLE # 1 WAS TRAVELING FROM SOUTHBOUND AVE D ON TO EASTBOUND EAST HOUSTON STREET AT COLUMBIA STREET WHEN HE STRUCK THE ABOVE PEDESTRIAN. ABOVE PEDESTRIAN WAS CROSSING FROM NORTH TO SOUTH IN THE SOUTHEAST MARKED WHITE CROSSWALK. PEDESTRIAN PRONOUNCED AT 0955 HOURS BY EMT DICKSON. CASE BEING INVESTIGATED BY HIGHWAY UNIT # 1 CIS UNDER CASE # 116-26.</u>										38																																																																
7	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ALL INVOLVED</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>P</td> <td>-</td> <td>-</td> <td>-</td> <td>73</td> <td>F</td> <td>12</td> <td>5</td> <td>1</td> <td>04K2</td> <td>-</td> <td>-</td> <td>-</td> <td>COLON, ANA, L</td> <td>10/04/2016</td> </tr> <tr> <td>B</td> <td>1</td> <td>X</td> <td>1</td> <td>1</td> <td>35</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>CRESPO, STEVEN</td> <td></td> </tr> <tr> <td>C</td> <td>1</td> <td>1</td> <td>X</td> <td>1</td> <td>57</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>BEAUFILS, LESLIE</td> <td></td> </tr> </tbody> </table>										ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	P	-	-	-	73	F	12	5	1	04K2	-	-	-	COLON, ANA, L	10/04/2016	B	1	X	1	1	35	M	-	-	-	-	-	-	-	CRESPO, STEVEN		C	1	1	X	1	57	M	-	-	-	-	-	-	-	BEAUFILS, LESLIE		39
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7	Officer's Rank and Signature <u>POM</u> Print Name in Full <u>CHRISTOPHE R ROMERO</u>					Tax ID No. <u>[REDACTED]</u>		NCIC No. <u>[REDACTED]</u>		Precinct <u>410</u>		Post/Sector <u>[REDACTED]</u>		Reviewing Officer <u>SGT MARC A STASI</u>		Date/Time Reviewed <u>10/05/2016 07:57</u>																																																											

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

A Last Name		First		M.I.		Last Name		First		M.I.	
COLON		ANA		L							
Address						Address					
Date of Birth						Telephone (Area Code)					
Month		Day		Year		()		Month		Day	
Last Name		First		M.I.		Last Name		First		M.I.	
Address						Address					
Date of Birth						Telephone (Area Code)					
Month		Day		Year		()		Month		Day	
Last Name		First		M.I.		Highway Dist. at Scene?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address						Name: DT3 MATTHEW CENTER					
Date of Birth						Shield No.					
Month		Day		Year		()				217	

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

Vehicle No. 1	GOVERNMENT ISSUE	Vehicle No.	
Expiration Date		Expiration Date	
VIN	4RKYS92UXC4	VIN	

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
HADJISOFFI, NAHEED, F		

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)
<input 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 1	NEW YORK CITY TRANSIT AUTHORITY

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.)

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

<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)	

Other : MV-2016-007-010886

Reporting Officer : POM CHRISTOPHE R ROMERO

Reviewing Officer : SGT MARC A STASI Reviewed Date : 10/05/2016 07:57

