

**New York State Accident Report**  
**(MV-104A)**

(Number of pages excluding this cover sheet – 5)

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT

DMV  
USE

Local Code: 997423

MV-104A (7/96)  
DMV COPY

1 Accident Date: 10/21/99, Time: 10:30 AM, No. of Vehicles: 2, No. Injured: 53, No. Killed: 0, Non-Highway:  Not Investigated:  Left Scene:  Police Photos:  Yes  No

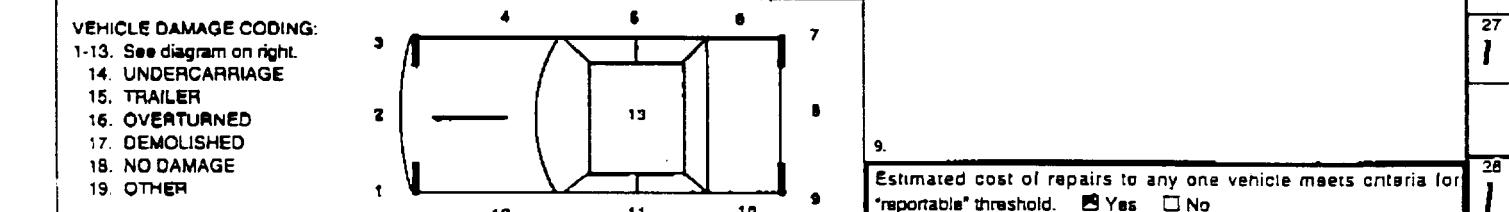
2 Driver Name: Cook, Edward M. (Vehicle 1), City: Berne, State: N.Y., Zip: 12023. Name: Tracey, William J. (Vehicle 2), City: Menands, State: N.Y., Zip: 12204.

3 Date of Birth, Sex, Unlicensed, No. of Occup., Public Property Damaged, State of Lic. for both drivers.

4 Name exactly as printed on registration, Address (include Number & Street), City or Town, State, Zip Code for both vehicles.

5 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles.

6 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. Includes damage codes and towing information.



8 Reference Marker: 9 5 0 4, 1 8 8 8. DMV USE ONLY. County: Schoharie, City/Town: Schoharie, Route No. or Street Name: RT. 7. Ticket/Arrest Number(s): LG928425 1. Violation Section(s): 1172a. Nearest Intersecting Route/Street: 30A.

Accident Description/Officer's Notes: Oper. of vehicle 2 did not stop for stop sign. Vehicle 1 tried to avoid vehicle 2 but was unable to.

ALL INVOLVED PERSONS TABLE with columns for Name, DOB, Sex, Height, Weight, Eyes, Hair, and Date of Death.

SIGN HERE: Officer's Rank and Name: Dep. [Signature], Badge/ID No.: 106, Department: 04700, Date/Time Reviewed: 10/24/99 0721.

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Accident Report Form with sections for Vehicle 1, Vehicle 2, Driver 1, Driver 2, and Vehicle Information.

Table with columns 8-18 and BY TO 18. Names - If Deceased, Give Date of Death. Rows A-G with names like Betty, Ma Kiah, Bernadine Alex, etc.

Table with columns 8-18 and BY TO 18. Names - If Deceased, Give Date of Death. Rows A-G with names like Harbino, Justin, Herring, James, etc.

Table with columns 8-18 and BY TO 18. Names - If Deceased, Give Date of Death. Rows A-G with names like Mercedes, Kristina, Montezola, Christopher, etc.

Table with columns 8-18 and BY TO 18. Names - If Deceased, Give Date of Death. Rows A-G with names like Torres, Jocelyn, Torres, Lydiana, etc.

SIGN HERE Officer's Rank and Name: Dep. J. Langenett, Badge ID No. 106, Department 04700, Precinct/Post Troop/Zone, Station/Beat/Sector, Reviewing Officer, Date/Time Reviewed 6/24/00 0721

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Accident Date: 10/21/99. Driver Name: Cook, Edward M. Includes fields for vehicle details, driver information, and accident location.

Table with columns 8-18 and 'BY TO 18'. Lists names of deceased individuals including Harrington, Joseph; Johnson, Kimberly; Maher, Meghan; Miral, Paul; Milner, Jalal; Morris, Chynessa; Paqualino, Francesco.

Table with columns 8-18 and 'BY TO 18'. Lists names of deceased individuals including Perbino, Arkin; Richards, Tasha; Saso, Tyler; Stover, Douglas; Thompson, Elijah; Townsend, Gregg.

Table with columns 8-18 and 'BY TO 18'. Lists names of deceased individuals including Watten, Nicole; Wilson, Shaguen; Wright, Cassandra; Jamney, Joann; Fowler, Susan; Sader, Mark; Haley, Richard.

Table with columns 8-18 and 'BY TO 18'. Lists names of deceased individuals including Edwards, Joni; Lynn, Del; Clark, Del; Van Dallen, Dawn.

SIGN HERE: Officer's Rank and Name: Dep. [Signature] #11. Badge/ID No: 106. Department: 04700. Station/Beau Sector: [Signature]. Date/Time Reviewed: 10/26/99 0721.

New York State Department of Motor Vehicles  
**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**  
MV-104S (7/96)

DMV USE ONLY

Local Codes  
**997423**

Amended Report

<b>INSTRUCTIONS:</b> You must complete this form ONLY • If at least one of the vehicles involved is EITHER - a truck with 6 or more tires; - a vehicle with a Haz Mat placard; or - a bus designed to carry 16 or more persons • AND at least one of the following conditions is met - a vehicle was towed from the scene due to damage (including providing intervening assistance) - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment	Number of Qualifying Vehicles Involved: <input checked="" type="checkbox"/> Truck with 6 or more tires <input type="checkbox"/> A vehicle with a Haz Mat placard <input checked="" type="checkbox"/> Bus designed to carry 16 or more persons	Number of Vehicles/Persons: <input checked="" type="checkbox"/> 2 Towed from scene due to damage <input type="checkbox"/> Sustaining fatal injuries <input checked="" type="checkbox"/> 53 Transported for IMMEDIATE medical treatment	DMV USE ONLY

DATE OF ACCIDENT MO. DAY YEAR <b>10 21 99</b>	TIME OF ACCIDENT (Military) <b>1030</b>	COUNTY <b>Schoharie</b>	CITY/TOWN/VILLAGE <b>Schoharie</b>
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DRIVER License Number [REDACTED]

Name: **Treacy William** Date of Birth: [REDACTED] SEX: **M** MV-104A/AN VEH NUMBER: **2**

CARRIER'S NAME: **Kennecutt Bus Inc.** SOURCE: **3**  
 1 Vehicle side 4 Other  
 2 Shipping papers 5 Unknown  
 3 Driver 6 Log Book

STREET OR P.O. BOX: **2 Elmwood Dr.** CITY: **Marion** STATE: **NY** ZIP CODE: **12204** TOTAL AXLES (includes trailers): **2**

CARRIER'S IDENTIFICATION NUMBERS: US DOT [REDACTED] ICC MC [REDACTED] PLATE NUMBER: **BE 4338** STATE OF REG.: **N.Y.**

GROSS VEHICLE WEIGHT RATING: Truck/Tractor [REDACTED] Total All Trailer(s) [REDACTED] lbs. VEHICLE IDENTIFICATION NUMBER: **1HVBBABN7VH514240**

1	<b>VEHICLE CONFIGURATION</b> 0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer 5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck	<b>TRAFFIC WAY</b> 1 Not physically divided (2-way trafficway) 2 Divided highway, median strip, without traffic barrier 3 Divided highway, median strip with traffic barrier 4 One-way trafficway	1
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2	<b>CARGO BODY TYPE</b> 1 Bus 2 Van/enclosed box 3 Cargo tank 4 Flatbed 5 Dump 6 Concrete mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	<b>ACCESS CONTROL</b> 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other	1
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3	<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Does vehicle have Haz Mat placard? 1 Yes 2 No	<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b> NON-COLLISION: 01 Ran off road 02 Jackknife 03 Overtum/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units COLLISION WITH: 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object (* Describe in Explanation Section) 16 Other* (non-collision)	1st 09
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COPY FROM PLACARD:  
 4-digit identification number from diamond/orange panel: [REDACTED]  
 1 or 2-digit number from bottom of diamond: [REDACTED]

NAME OF HAZ MAT CLASS: \_\_\_\_\_

WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank)  
 1 Yes 2 No

4	<b>APPARENT DRIVER CONDITION</b> 1 Appeared Normal 2 Had been drinking 3 Illegal drug use 4 Sick 5 Fatigue 6 Asleep 7 Medication 8 Unknown	1
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EXPLANATION:

OFFICER'S RANK AND NAME: **Det. J. Longatti** BADGE NUMBER: **106** DEPARTMENT: **04700** DATE OF REPORT: **10/21/99**

New York State Department of Motor Vehicles  
**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**  
MV-104S (7/96)

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Local Codes  
**997423**

Amended Report

<b>INSTRUCTIONS:</b> You must complete this form ONLY • if at least one of the vehicles involved is EITHER - a truck with 6 or more tires; - a vehicle with a Haz Mat placard; or - a bus designed to carry 16 or more persons • AND at least one of the following conditions is met - a vehicle was towed from the scene due to damage (including providing intervening assistance) - at least one person sustained fatal injuries - at least one person was transported for IMMEDIATE medical treatment	<b>Number of Qualifying Vehicles Involved:</b> <input checked="" type="checkbox"/> Truck with 6 or more tires <input type="checkbox"/> A vehicle with a Haz Mat placard <input checked="" type="checkbox"/> Bus designed to carry 16 or more persons	<b>Number of Vehicles/Persons:</b> <input checked="" type="checkbox"/> Towed from scene due to damage <input type="checkbox"/> Sustaining fatal injuries <input checked="" type="checkbox"/> Transported for IMMEDIATE medical treatment	<b>DMV USE ONLY</b>

DATE OF ACCIDENT MO. DAY YEAR <b>10 21 99</b>	TIME OF ACCIDENT (Military) <b>1030</b>	COUNTY <b>Schoharie</b>	CITY/TOWN/VILLAGE <b>Schoharie</b>
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DRIVER License Number [REDACTED]

Name: **Cook, Edward M** Date of Birth: [REDACTED] MO. DAY YR. SEX: **M** MV-104/AN VEH NUMBER **1**

CARRIER'S NAME: **MVF Construction Co** SOURCE:  1 Vehicle side  4 Other  2 Shipping papers  5 Unknown  3 Driver  6 Log Book **3**

STREET OR P.O. BOX CITY STATE ZIP CODE TOTAL AXLES (includes trailers)  
**Rd 2 Box 332-B Schoharie N.Y. 12157 6**

CARRIER'S IDENTIFICATION NUMBERS PLATE NUMBER: STATE OF REG.  
US DOT [REDACTED] ICC MC [REDACTED] **DH 1720 N.Y.**

GROSS VEHICLE WEIGHT RATING VEHICLE IDENTIFICATION NUMBER  
Truck/Tractor **55,000** lbs. Total All Trailer(s) **52,950** lbs. **1M2P198C7HA001114**

<b>4</b>	<b>VEHICLE CONFIGURATION</b> 0 4 tires With Haz Mat Placard 1 Bus 2 Single-unit truck: 2 axles, 6 tires 3 Single-unit truck: 3 or more axles 4 Truck/trailer	5 Tractor (no trailer) 6 Tractor/semi-trailer 7 Tractor/doubles 8 Tractor/triples 9 Unknown heavy truck	<b>TRAFFIC WAY</b> 1 Not physically divided (2-way trafficway) 2 Divided highway, median strip, without traffic barrier 3 Divided highway, median strip with traffic barrier 4 One-way trafficway	<b>1</b>
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<b>5</b>	<b>CARGO BODY TYPE</b> 1 Bus 2 Van/enclosed box 3 Cargo tank	4 Flatbed 5 Dump 6 Concrete mixer	7 Auto Transporter 8 Garbage/Refuse 9 Other	<b>ACCESS CONTROL</b> 1 No control (unlimited access) 2 Full control (only ramp entry and exit) 3 Other	<b>1</b>
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<b>2</b>	<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Does vehicle have Haz Mat placard? 1 Yes 2 No	<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b> NON-COLLISION: 01 Ran off road 02 Jackknife 03 Overturn/Rollover 04 Downhill runaway 05 Cargo loss or shift 06 Explosion or fire 07 Separation of units	COLLISION WITH: 08 Pedestrian 09 Motor vehicle in transport 10 Parked motor vehicle 11 Train 12 Pedalcycle 13 Animal 14 Fixed object 15 Other object* 16 Other* (non-collision)	1st <b>09</b> 2nd <b>14</b> 3rd <b>01</b> 4th
	COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: [REDACTED]	(* Describe in Explanation Section)		

NAME OF HAZ MAT CLASS: **-OR-**

WAS HAZARDOUS CARGO RELEASED FROM VEHICLE? (Do not count fuel from fuel tank)  
1 Yes 2 No **2**

EXPLANATION:

OFFICER'S RANK AND NAME: **[Signature]** BADGE NUMBER: **106** DEPARTMENT: **04700** DATE OF REPORT: **10/21/99**