

SURVIVAL FACTORS ATTACHMENT

NYPD Police Accident Report

Flushing, NY

HWY17MH015

(16 pages)

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☐ Office of Comptroll	er \square Pe	ersonnel Safety Unit	7 C	Unit 3 CIS	N	C DOT	
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NOTIFICATIONS: (Fr	nter name, address, and rel	ationship of friend or relativ	e notified. If aided no	erson is unidentified	list Missing P	erson Squad memi	her who
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Make of Vehicle	Year	Type of Vehicle	Plate No.			Dept. Vehicle	No.	Assigned	I d To What Command	Ē.
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ACTIONS OF POLICE	E VEHICLE				Ç=	2002 200	100 200 300 200			
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Accident Description/Officer's Notes Hours In Elements Hospital. Other Listed Pedestrians and Vehicle Occupants were removed to various area Hospitals for Treatment. This case is being Investigated by the Highway district collision investigation squad (Hwy 3 cis) under case Number 717-44. B			L.	atitude/Nort	hing:												-	_				_
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	E IS INVOLVED: erator's First Name	Last Name		Rank		Shield	No.	Tax ID	No.		Comman	d
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MV-104AN (7/11)

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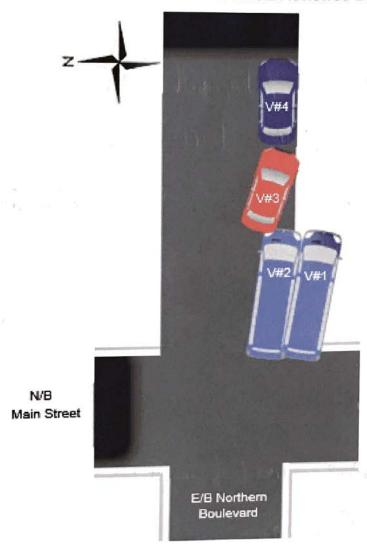
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	1	Precinct 109 Accident No.			Complai	POLICE ACCIDENT RE MV-104AN (7/11														19		
,	1	MV	-2017	-10	9-0053	14 Number	2017-109	-008187			AMENE	DED I	REPOR	T								
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Driver Name -exactly as printed on license									Driver Name - exactly as printed on license VEILLARD, EVENS								-					
Address (Include Number & Street)								Apt. No	Addre	Address (Include Number & Street)					17	Apt. No.			_			
		or Town State Zip Code						Code			City or Town BABYLON				State NY	NY 11798				22		
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1	Address (Include Number & Street)					Ap	l. No. Ha	at	Release	ed Addr	ess (Ind	lude Num	ber & Stre	set)		As	ot. No.	Haz. Mat.		Released	23	
	City o	City or Town					State Zip Cod			· <u> </u>	City	City or Town State Zip Code						_				
1	Plate	Num	ber		State of Re	g. Vehicle Yea	ar & Make	Vehi	cle Type	Ins. Co	ode Plate	Numb	er	State	of Reg.	Vehicle Year	& Make		Vehicle Ty	/pe II	s. Code	-
-	Ticket/Arrest Number(s)										et/Arres	t						L.				
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Address				Name:							
Date of Birth Month Day	Year	Telephone (Area Code)						Shield No.			
ENTER INSURANC	E POLICY N	UMBER FROM INSU	IRANCE IDENT	IFICATION C	ARD, EXP	RATION DA	ATE (IN ALL	CASES), AN	D VIN.		
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(if a City vehicle			vehicle involved		5,						
was notified. In either	case, give date	address, and relationsh e and time of notification						*			
PROPERTY DAMA	GED (other	than vehicles)		OWNER	F PROPER	RTY (include	city agency,	where applical	ble)		
						31					
IF NYPD VEHICLE	IS INVOLVE	D:									
Police Vehicle -Ope	rator's First Nam	e Last Name		Rank	Shield	No. Tax	ID. No.	Command			
Make of Vehicle	Year	Type of Vehicle	Plate No.		De	pt. Vehicle No.	Ass	igned To What Con	nmand		
Equipment in Use At Tim	e of Accident	Turret Light	4-Way F	lasher	gh-Level Wa	rning Lights [Traffic Cor	ies 🔲 i	Headligh		
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☐ Pursuing Vid ☐ Other (Desc					☐ R	outine Patrol					

Ight Turn (opp dir): MV-2017-109-005314
Reporting Officer: POM KONSTANTIN GENIN

Reviewing Officer: SGT CHRISTOPHE M DOUSE Reviewed Date: 09/18/2017 22:43



I'm in always it. Subject