



SURVIVAL FACTORS ATTACHMENT

NYPD Police Accident Report

Flushing, NY

HWY17MH015

(16 pages)

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

DOA

Precinct **109**
Accident No. **MV-2017-109-005314**

Complaint Number **2017-109-004187**

AMENDED REPORT

18
19
20
17

Accident Date: **9** **18** **2017** Day of Week: **MONDAY** Military Time: **06:17** No. of Vehicles: **4** No. Injured: **16** No. Killed: **3** Not Investigated at Scene Left Scene Police Photos Yes No
Reconstructed

VEHICLE 1

VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number [REDACTED] State of Lic. **NY**

VEHICLE 2 - Driver License ID Number [REDACTED] State of Lic. **NY**

Driver Name - exactly as printed on license **MONG, RAYMOND**

Driver Name - exactly as printed on license **BRYAN, DEVON**

Address (include Number & Street) [REDACTED] Apt. No. [REDACTED]

Address (include Number & Street) [REDACTED] Apt. No. [REDACTED]

City or Town **QUEENS** State **NY** Zip Code **11356**

City or Town **BALDWIN** State **NY** Zip Code **11510**

Date of Birth: [REDACTED] Sex **M** Unlicensed No. of Occupants **1** Public Property Damaged

Date of Birth: [REDACTED] Sex **M** Unlicensed No. of Occupants **11** Public Property Damaged

Name - exactly as printed on registration **DAHLIA GROUP INC**

Name - exactly as printed on registration **METRO TRANS AUTH NYC TRANSIT AUTH**

Address (include Number & Street) **127-27 34 AVENUE** Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released

Address (include Number & Street) **750 ZEREGA AVENUE** Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released

City or Town **QUEENS** State **NY** Zip Code [REDACTED]

City or Town **BRONX** State **NY** Zip Code [REDACTED]

Plate Number [REDACTED] State of Reg. **NY** Vehicle Year & Make **2015 MCI** Vehicle Type **BUS** Ins. Code **80**

Plate Number [REDACTED] State of Reg. **NY** Vehicle Year & Make **2015 NEWFLYER** Vehicle Type **BUS** Ins. Code **994**

Ticked/Arrest Number(s) [REDACTED]

Ticked/Arrest Number(s) [REDACTED]

Violation Section(s) [REDACTED]

Violation Section(s) [REDACTED]

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.

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.

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact [REDACTED] Box 2 - Most Damage [REDACTED]

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact [REDACTED] Box 2 - Most Damage [REDACTED]

Vehicle Towed: **By NYPD DEPARTMENT TOW To NYPD IMPOUND FACILITY**

Vehicle Towed: **By RUNWAY TOWING To EASTCHESTER MTA DEPOT**

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

Reference Marker [REDACTED] Coordinates (if available) Latitude/Northing: **40.762978** Longitude/Easting: **-73.83198**

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND

Road on which accident occurred **NORTHERN BOULEVARD** (Route Number or Street Name)

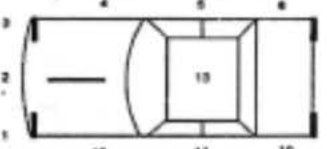
at 1) intersecting street **MAIN STREET** (Route Number or Street Name)

or 2) _____ N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes **VEHICLE #1 WAS TRAVELING IN THE RIGHT LANE OF E/B ON NORTHERN BOULEVARD AT AN APPARENT HIGH RATE OF SPEED. VEHICLE #1 THEN, FOR UNKNOWN REASONS, PROCEEDED THROUGH A STEADY RED TRAFFIC SIGNAL AT MAIN STREET AND CONTINUED THROUGH THE INTERSECTION. VEHICLE #1 THEN STRUCK THE REAR OF VEHICLE #2, WHO WAS MAKING A RIGHT TURN FROM N/B MAIN STREET ON TO E/B NORTHERN BOULEVARD. VEHICLE #2 HAD A GREEN RIGHT TURN**

Diagram Attached on Subsequent Page **6 RIGHT TURN (OPP DIR)**

Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No



ALL INVOLVED

A	B	C	D	E	F	BY	TO	Names of all involved	Date of Death Only
P	-	-	-	55	M	1	5	1 52X 7302 LILJEFORS, GREGORY	09/18/2017
P	-	-	-	68	M	12	5	1 9994 - WADOWIAK, HENRYK	09/18/2017
P	-	-	-	62	F	1	3	2 52C 7302 PERRY, DIANE	
P	-	-	-	25	M	4	9	6 52A 7302 FERRERA-RODRIGUEZ, JOSE	
P	-	-	-	25	M	11	3	6 ME4 7308 VEILLARD, EVENS	
P	1	1	X	49	M	12	5	1 46B 7305 MONG, RAYMOND	09/18/2017

Officer's Rank and Signature **POM** Tax ID No. [REDACTED] NCIC No. **03030** Precinct **410** Post/Sector [REDACTED] Reviewing Officer **SGT CHRISTOPHE M DOUSE** Date/Time Reviewed **09/18/2017 22:43**

Print Name in Full **KONSTANTIN GENIN**

USE COVER SHEET P

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

A Last Name LILJEFORS		First GREGORY		M.I.		D Last Name FERRERA-RODRIGUEZ		First JOSE		M.I.	
Address [REDACTED]		Address [REDACTED]		Address QUEENS NY		Address [REDACTED]		Address QUEENS NY		Address [REDACTED]	
Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()		Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()		Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()	
B Last Name WDOWIAK		First HENRYK		M.I.		E Last Name VEILLARD		First EVENS		M.I.	
Address [REDACTED]		Address QUEENS NY		Address [REDACTED]		Address BABYLON NY 11798		Address [REDACTED]		Address [REDACTED]	
Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()		Date of Birth Month Day Year 10 23 1991		Telephone (Area Code) ()		Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()	
C Last Name PERRY		First DIANE		M.I.		Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name: DT2 BRIAN LEONARD		Shield No. 07101	
Address [REDACTED]		Address QUEENS NY		Address [REDACTED]		Address [REDACTED]		Address [REDACTED]		Address [REDACTED]	
Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()		Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()		Date of Birth Month Day Year [REDACTED]		Telephone (Area Code) ()	

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

Vehicle No. 1 CHARTER OAK FIRE INS CO: [REDACTED]	Vehicle No. 2 GOVERNMENT OWNED
Expiration Date [REDACTED]	Expiration Date [REDACTED]
VIN [REDACTED]	VIN [REDACTED]

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) NYC DOT
<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 3 CIS	

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.)

[REDACTED]	QUEENS NY	DATE NOTIFIED :
[REDACTED]	QUEENS NY	DATE NOTIFIED :

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)
M2 TRAFFIC SIGNAL POLE ON THE S/E CORNER OF NORTHERN BOULEVARD AND MAIN STREET	NYC DOT
STRUCTURAL DAMAGE TO STOREFRONTS OF 136-04 NORTHERN BOULEVARD	MAIN STREET CONDO CORP. 3477768111

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 109
Accident No. NY-2017-109-005314

Complaint Number 2017-109-005314

AMENDED REPORT

Accident Date: 9/18/2017 MONDAY 06:17
No. of Vehicles: 4 No. Injured: 16 No. Killed: 3

VEHICLE 3 [] VEHICLE 4 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

Vehicle 1 Driver License ID Number [] State of Lic. []

Vehicle 4 Driver License ID Number [] State of Lic. NY

Driver Name - exactly as printed on license: CHOI, SEON, JA

Driver Name - exactly as printed on license: KANG, SANG, GI

Address (Include Number & Street): [] Apt. No. []

City or Town: QUEENS NY Zip Code: 11354

Date of Birth: [] Sex: [] Unlicensed: [] No. of Occupants: 0

Name - exactly as printed on registration: CHOI, SEON, JA

Name - exactly as printed on registration: LIN, YOUNG, HWA

Address (Include Number & Street): [] Apt. No. []

City or Town: QUEENS NY Zip Code: []

Plate Number: [] State of Reg: NY Vehicle Year & Make: 2009 HONDA SW/SUV Ins. Code: 639

Plate Number: [] State of Reg: NY Vehicle Year & Make: 2002 TOYOTA SW/SUV Ins. Code: 639

Ticket/Arrest Number(s): []

Violation Section(s): []

Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overweight permit.

Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overweight permit.

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: [] Box 2 - Most Damage: []

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: [] Box 2 - Most Damage: []

Enter up to three more Damage Codes: [] [] []

Vehicle Towed: By HCC TOWING To 132-12 47 AVENUE

Vehicle Towed: By HCC TOWING To 192-12 47 AVENUE

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED

15. TRAILER 18. NO DAMAGE

16. OVERTURNED 19. OTHER

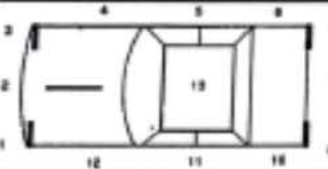


DIAGRAM ATTACHED ON SUBSEQUENT PAGE

6 RIGHT TURN (OPP DIR)

Cost of repairs to any one vehicle will be more than \$1000.

Unknown/Unable to Determine [] Yes [] No

Place Where Accident Occurred: [] BRONX [] KINGS [] NEW YORK [] QUEENS [] RICHMOND

Road on which accident occurred: NORTHERN BOULEVARD

at 1) intersecting street: MAIN STREET

or 2) [] N [] S [] E [] W of []

Accident Description/Officer's Notes: ARROW SIGNAL IN HIS FAVOR. VEHICLE #1 AND VEHICLE #2 THEN MOUNTED THE S/E CORNER OF NORTHERN BOULEVARD AND MAIN STREET AND STRUCK A LIGHT POLE. VEHICLE #1 THEN COLLIDED WITH THE FRONT OF 136-04 NORTHERN BLVD, CAUSING SUBSTANTIAL STRUCTURAL DAMAGE TO THE BUILDING. THERE WERE MULTIPLE PEDESTRIANS STANDING ON THE AFOREMENTIONED CORNER AT THE TIME OF THE COLLISION AND FIVE PEDESTRIANS WERE STRUCK AS A RESULT. AS BOTH VEHICLES

Table with 10 columns: ID, Age, Sex, Height, Weight, Eyes, Hair, Complexion, Race, Name. Includes names like BRYAN, DEVON; POTLAPALLI, SRIKANTH; IGUINA, GEORGE; KIM, YUNG JUN; ALVARADO, PABLO; CASTRO, MANOLO.

Officer's Rank and Signature: POM KONSTANTIN GENIN
Tax ID No. [] NCIC No. 03030 Precinct 410 Post/Sector []
Reviewing Officer: SGT CHRISTOPHE M DOUSE
Date/Time Reviewed: 09/18/2017 22:43

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

<p>F Last Name: MONG First: RAYMOND M.I. _____ Address: _____ QUEENS NY 11356 Date of Birth: _____ Telephone (Area Code): _____ # Last Name: BRYAN First: DEVON M.I. _____ Address: _____ BALDWIN NY 11510 Date of Birth: _____ Telephone (Area Code): _____ # Last Name: POTLAPALLI First: SRIKANTH M.I. _____ Address: _____ QUEENS NY Date of Birth: _____ Telephone (Area Code): _____</p>	<p>I Last Name: IGUINA First: GEORGE M.I. _____ Address: _____ QUEENS NY Date of Birth: _____ Telephone (Area Code): _____ # Last Name: KIM First: YUNG JUN M.I. _____ Address: _____ QUEENS NY Date of Birth: _____ Telephone (Area Code): _____ Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Shield No. _____</p>
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ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1: GEICO: [REDACTED]	Vehicle No. 4: GEICO: [REDACTED]
Expiration Date: _____	Expiration Date: _____
VIN: [REDACTED]	VIN: [REDACTED]

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.)

[REDACTED] **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
 Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones 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
109
Accident No.
MV-2017-109-005314

Complaint
Number **2017-109-008191**

AMENDED REPORT

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Accident Date: Month **9**, Day **18**, Year **2017**. Day of Week: **MONDAY**. Military Time: **06:17**. No. of Vehicles: **4**. No. Injured: **16**. No. Killed: **3**. Not Investigated at Scene: . Left Scene: . Police Photo: Yes No. Reconstructed: .

VEHICLE - Driver License ID Number, State of Lic., Driver Name - exactly as printed on license: **LILJEFORS, GREGORY**, Address (include Number & Street), Apt. No., City or Town: **QUEENS NY**, State: **NY**, Zip Code, Date of Birth, Sex: **M**, Unlicensed: , No. of Occupants, Public Property Damaged:

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.

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.

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: **6 RIGHT TURN (OPP DIR)**

Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

Reference Marker, Coordinates (if available): Latitude/Northing: **40.762978**, Longitude/Easting: **-73.83198**

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND

Road on which accident occurred: **NORTHERN BOULEVARD** (Route Number or Street Name)

at 1) intersecting street **MAIN STREET** (Route Number or Street Name)

or 2) N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: **CONTINUED MOVING, VEHICLE #2 STRUCK THE REAR OF VEHICLE #3 WITH ITS REAR. AS A RESULT OF BEING STRUCK, VEHICLE #3 WAS PUSHED FORWARD AND STRUCK THE REAR OF VEHICLE #4 WITH ITS FRONT END. PEDESTRIAN MR. LILJEFORS WAS PRONOUNCED DECEASED AT 0715 HOURS IN NY PRESBYTERIAN HOSPITAL. PEDESTRIAN MR. WDOVIK WAS PRONOUNCED DECEASED AT THE SCENE AT 0735 HOURS. OPERATOR OF VEHICLE #1, MR. MONG, WAS PRONOUNCED DECEASED AT 0756**

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved		Date of Death Only
M	2	7	1	1	49	M	11	12	6	ME4	7308	ORTEGA, MARCELO				
N	2	7	1	1	55	F	11	12	6	ME4	7308	CHUI, YUEN SHAN				
O	2	7	1	1	43	M	1	12	6	51E	7305	WITTER, HOWARD				
P	2	7	1	1	64	M	11	12	6	ME4	7308	QU, BING SONG				
Q	2	7	1	1	0	M	1	3	2	52G	7302	DOE, JOHN				
R	4	1	X	1	55	M	7	12	6	ME4	7308	KANG, SANG, GI				

Officer's Rank and Signature: **POM** [Signature]

Print Name in Full: **KONSTANTIN GENIN**

Tax ID No. [Redacted], NCIC No. **03030**, Precinct **410**, Post/Sector, Reviewing Officer: **SGT CHRISTOPHE M DOUSE**, Date/Time Reviewed: **09/18/2017 22:43**

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET
P

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

<p>K Last Name: ALVARADO First: PABLO M.I.:</p> <p>Address: QUEENS NY</p> <p>Date of Birth: Telephone (Area Code):</p>	<p>N Last Name: CHUI First: YUEN SHAN M.I.:</p> <p>Address: QUEENS NY</p> <p>Date of Birth: Telephone (Area Code):</p>
<p>L Last Name: CASTRO First: MANOLO M.I.:</p> <p>Address: QUEENS NY</p> <p>Date of Birth: Telephone (Area Code):</p>	<p>O Last Name: WITTER First: HOWARD M.I.:</p> <p>Address: BRONX NY</p> <p>Date of Birth: Telephone (Area Code):</p>
<p>* Last Name: ORTEGA First: MARCELO M.I.:</p> <p>Address: BROOKLYN NY</p> <p>Date of Birth: Telephone (Area Code):</p>	<p>Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name:</p> <p>Shield No.:</p>

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"/> 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)	

7 of 14

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

Accident No. **MV-2017-103-005314**
Complaint Number: 2017-103-005317

AMENDED REPORT

2 Accident Date: Month **9**, Day **18**, Year **2017**. City or Week: **MONDAY**. Military Time: **06:17**. No. of Vehicles: **4**. No. Injured: **16**. No. Killed: **3**. All Investigated at Scene: . Left Scene: . Police Photos: Yes No. Reconstructed: .

14 VEHICLE - Driver License ID Number. State of Lic. **VEHICLE - Driver License ID Number**. State of Lic. **VEHICLE - Driver License ID Number**. Driver Name - exactly as printed on license: **WDONIAK, HENRYK**. Address (include Number & Street): [REDACTED]. City or Town: **QUEENS**. State: **NY**. Zip Code: [REDACTED].

5 Age of Birth: Month, Day, Year. Sex: Unlicensed. No. of Occupants. Public Property Damaged: . 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.

4 Address (include Number & Street). Apt. No. Has. Mail Code. Released. Address (include Number & Street). Apt. No. Has. Mail Code. Released.

5 Plate Number. State of Reg. Vehicle Year & Make. Vehicle Type. Ins. Code. Plate Number. State of Reg. Vehicle Year & Make. Vehicle Type. Ins. Code.

1 Ticks/Arrest Number(s). Violation Section(s). Ticks/Arrest Number(s). Violation Section(s).

1 VEHICLE 1 DAMAGE CODES. VEHICLE 2 DAMAGE CODES. 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.

2 Box 1 - Point of Impact. Box 2 - Most Damage. Enter up to three more Damage Codes. Box 1 - Point of Impact. Box 2 - Most Damage. Enter up to three more Damage Codes.

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER. ACCIDENT DIAGRAM. DIAGRAM ATTACHED ON SUBSEQUENT PAGE 6 RIGHT TURN (OPP DIR). Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

Reference Marker. Coordinates (if available): Latitude/Northing: **40.762978**. Longitude/Easting: **-73.83198**. Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND. Road on which accident occurred: **NORTHERN BOULEVARD**. at 1) intersecting street: **MAIN STREET**. or 2) N S E W of [REDACTED].

Accident Description/Officer's Notes: **HOURS IN ELMHURST 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.**

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Row 1: 4, 3, X, 1, 61, M, 11, 12, 6, ME4, 7308, CHOI, IKSIL.

Officer's Rank and Signature: **POM**. Tax ID No. [REDACTED]. NCIC No. **03030**. Predinct **410**. Post/Sector. Reviewing Officer: **SGT CHRISTOPHE M DOUSE**. Date/Time Reviewed: **09/18/2017 22:43**. Print Name in Full: **KONSTANTIN GENIN**.

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

P Last Name QU First BING SONG M.I.				S Last Name CHOI First IKSIL			
Address				Address QUEENS NY			
Date of Birth		Telephone (Area Code)		Date of Birth		Telephone (Area Code)	
Q Last Name DOE First JOHN M.I.				R 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 KANG First SANG M.I. GI				Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address QUEENS NY 11354				Name:			
Date of Birth		Telephone (Area Code)		Shield No.			
Month Day Year		()					

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

Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones 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
109
Accident No.
MV-2017-109-005314

Complaint
Number **2017-109-009197**

AMENDED REPORT

Accident Date Month 9 Day 18 Year 2017			Day of Week MONDAY	Military Time 06:17	No. of Vehicles 4	No. Injured 16	No. Killed 3	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Reconstructed <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.
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Driver Name - exactly as printed on license	Address (Include Number & Street)	Apt. No.	Driver Name - exactly as printed on license PERRY, DIANE	Address (Include Number & Street)	Apt. No.
---	-----------------------------------	----------	---	-----------------------------------	----------

City or Town	State	Zip Code	City or Town QUEENS	State NY	Zip Code
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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 F	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
---------------------------------	-----	-------------------------------------	------------------	--	---------------------------------	--------------	-------------------------------------	------------------	--

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	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
-----------------------------------	----------	----------------	-----------------------------------	-----------------------------------	----------	----------------	-----------------------------------

City or Town	State	Zip Code	City or Town	State	Zip Code
--------------	-------	----------	--------------	-------	----------

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
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Violation Section(s)	Violation Section(s)
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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.
--	--	--

<p>VEHICLE 1 DAMAGE CODES</p> <p>Box 1 - Point of Impact</p> <p>Box 2 - Most Damage</p> <p>Enter up to three more Damage Codes</p> <p>Vehicle By Towed: To</p>	<p>VEHICLE 2 DAMAGE CODES</p> <p>Box 1 - Point of Impact</p> <p>Box 2 - Most Damage</p> <p>Enter up to three more Damage Codes</p> <p>Vehicle By Towed: To</p>	<p>1. Rear End</p> <p>2. Sideswipe (same direction)</p> <p>3. Left Turn</p> <p>4. Right Angle</p> <p>5. Right Turn</p> <p>6. Right Turn</p> <p>7. Head On</p> <p>8. Sideswipe (opposite)</p>
--	--	--

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		<p>DIAGRAM ATTACHED ON SUBSEQUENT PAGE</p> <p>6 RIGHT TURN (OPP DIR)</p> <p>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</p>
--	--	---

Reference Marker	Coordinates (if available) Latitude/Northing: 40.762978 Longitude/Easting: -73.83198	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
------------------	--	---

Road on which accident occurred NORTHERN BOULEVARD (Route Number or Street Name)	at 1) intersecting street MAIN 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 _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
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Officer's Rank and Signature POM	Tax ID No.	NCIC No. 03030	Precinct 410	Post/Sector	Reviewing Officer SGT CHRISTOPHE M DOUSE	Date/Time Reviewed 09/18/2017 22:43
---	------------	-----------------------	---------------------	-------------	---	--

Print Name in Full KONSTANTIN GENIN
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19 -

20 -

21 -

22 -

23 -

24 -

25 -

26 -

27 1

28 1

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 report)

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"/> 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) _____	

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

Contract
109
Accident No.
NV-2017-109-005314

Complaint
Number **2017-109-008187**

AMENDED REPORT

Accident Date: Month **9** Day **18** Year **2017** Day of Week **MONDAY** Military Time **06:17** No. of Vehicles **4** No. Injured **16** No. Killed **3** Not Investigated at Scene Reconstructed Left Scene Police Photos Yes No

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

VEHICLE - Driver License ID Number State of Lic. VEHICLE - Driver License ID Number State of Lic.

Driver Name - exactly as printed on license **FERRERA-RODRIGUEZ, JOSE**

Address (Include Number & Street) Apt. No. Address (Include Number & Street) Apt. No.

City or Town State Zip Code City or Town State Zip Code
QUEENS NY

Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged

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 Released Address (Include Number & Street) Apt. No. Haz. Mat. Code Released

City or Town State Zip Code City or Town State Zip Code

Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code

Tickets/Arrest Number(s) Tickets/Arrest Number(s)

Violation Section(s) Violation Section(s)

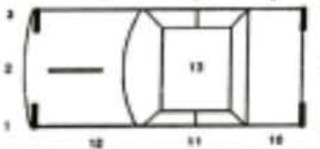
Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.

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

Vehicle By Towed To Vehicle By Towed To

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



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

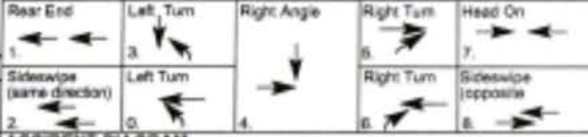


DIAGRAM ATTACHED ON SUBSEQUENT PAGE
6 RIGHT TURN (OPP DIR)

Cost of repairs to any one vehicle will be more than \$1000.
 Unknown/Unable to Determine Yes No

Reference Marker Coordinates (if available) Latitude/Northing: **40.762978** Longitude/Easting: **-73.83198**

Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND

Road on which accident occurred **NORTHERN BOULEVARD** (Route Number or Street Name)

at 1) intersecting street **MAIN STREET** (Route Number or Street Name)

or 2) N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
DEVELOPER																

Officer's Rank and Signature **POM** Tax ID No. **[REDACTED]** NCIC No. **03030** Precinct **410** Post/Sector Reviewing Officer **SGT CHRISTOPHE M DOUSE** Date/Time Reviewed **09/18/2017 22:43**
Print Name in Full **KONSTANTIN GENIN**

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

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								
Address									Name:								
Date of Birth			Telephone (Area Code)						Shield No.								
Month	Day	Year	()														

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"/> 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 **109**
Accident No. **MV-2017-109-005314**

Complaint Number **2017-109-008187**

ORIGINAL REPORT **AMENDED REPORT**

19
-

Accident Date: Month **9** Day **18** Year **2017** Day of Week **MONDAY** Military Time **06:17** No. of Vehicles **4** No. Injured **16** No. Killed **3** Not Investigated at Scene Left Scene Police Photos Yes No
Reconstructed

20
-

2
14

VEHICLE - Driver License ID Number, State of Lic., Driver Name - exactly as printed on license, Address (Include Number & Street), Apt. No., City or Town, State, Zip Code
VEHICLE - Driver License ID Number, State of Lic., Driver Name - exactly as printed on license **VEILLARD, EVENS**, Address (Include Number & Street), Apt. No., City or Town **BABYLON**, State **NY**, Zip Code **11798**

21
-

3
2

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name-exactly as printed on registration, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged

22
-

4
4

Address (Include Number & Street), Apt. No., Haz. Mat. Code, Released, City or Town, State, Zip Code

23
-

5
1

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code

24
-

6
1

Ticket/Arrest Number(s), Violation Section(s)

25
-

7
2

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.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact	1	2	
Box 2 - Most Damage			
Enter up to three more Damage Codes	3	4	5

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact	1	2	
Box 2 - Most Damage			
Enter up to three more Damage Codes	3	4	5

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

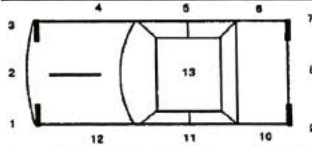


DIAGRAM ATTACHED ON SUBSEQUENT PAGE
6 RIGHT TURN (OPP DIR)

26
-

27
1

28
1

Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

Reference Marker, Coordinates (if available), Latitude/Northing: **40.762978**, Longitude/Easting: **-73.83198**, Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND, Road on which accident occurred **NORTHERN BOULEVARD**, at 1) intersecting street **MAIN STREET**, or 2) N S E W of

29
-

Accident Description/Officer's Notes

30
-

USE COVER SHEET
P

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only

Officer's Rank and Signature **POM**, Print Name in Full **KONSTANTIN GENIN**, Tax ID No., NCIC No. **03030**, Precinct **410**, Post/Sector, Reviewing Officer **SGT CHRISTOPHE M DOUSE**, Date/Time Reviewed **09/18/2017 22:43**

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

Last Name _____ First _____ M.I. _____	Last Name _____ First _____
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 _____	
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 _____	
Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) _____ ()	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)
---	--

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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

Siren Horn Turret Light 4-Way Flasher High-Level Warning Lights Traffic Cones 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)	

Right 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

