



**SURVIVAL FACTORS – HIGHWAY GROUP CHAIRMAN’S
FACTUAL REPORT**

ATTACHEMENT 6: MTA POLICE ACCIDENT REPORT

Valhalla, NY

DCA15MH006

(8 pages)

POLICE ACCIDENT REPORT

Local Codes
#15-1445
6GD70240S3ZP

AMENDED REPORT

MV-104A (6/04)

19
25

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
-	Month: 2, Day: 3, Year: 2015	Tuesday	18:26	1	0	1	Accident Reconstructed <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7

2	VEHICLE 1	VEHICLE	BICYCLIST	PEDESTRIAN	OTHER PEDESTRIAN	21
-	VEHICLE 1 - Driver License ID Number	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.		
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license			
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.		
	City or Town	State	Zip Code	City or Town	State	Zip Code

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22
10	Month: [redacted], Day: [redacted], Year: [redacted]	F	<input type="checkbox"/>	01	<input type="checkbox"/>	
	Name - exactly as printed on registration	Sex:	Date of Birth			
4	[redacted]	F	Month: [redacted], Day: [redacted], Year: [redacted]			23
3	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released		
	City or Town	State	Zip Code	City or Town	State	Zip Code

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	24
1	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	
	Ticket/Arrest Number(s)		Ticket/Arrest Number(s)			25
6	Violation Section(s)		Violation Section(s)			8

7	Check if involved vehicle is:	Check if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
2	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;		
	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;		
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;		
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.		

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM	27
Box 1 - Point of Impact	Box 1 - Point of Impact	See the last page of the MV-104A for the accident diagram.	1
Box 2 - Most Damage	Box 2 - Most Damage		
Enter up to three more damage codes	Enter up to three more damage codes		
Vehicle By: LISI'S TOWING	Vehicle By:		
Towed To: MTA PD (BEACON)	Towed To:		
VEHICLE DAMAGE CODING:			
1-13 SEE DIAGRAM ON RIGHT.			
14. UNDERCARRIAGE	17. DEMOLISHED		
15. TRAILER	18. NO DAMAGE		
16. OVERTURNED	19. OTHER		

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	28
	Latitude/Northing	County WESTCHESTER <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of MOUNT PLEASANT	5
	4549037	Road on which accident occurred	
	Longitude/Easting	at 1) intersecting street	
	601794	MTA METRO-NORTH RAILROAD TRACK	
		or 2) _____ of _____	
		feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
		(Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes

BASED ON INVESTIGATION AND WITNESS INTERVIEWS, DRIVER OF VEHICLE #1 WAS STOPPED UPON THE HIGHWAY RAIL-GRADE CROSSING AT THE AFOREMENTIONED LOCATION WHEN AN APPROACHING TRAIN ACTIVATED THE FLASHING WARNING LIGHT S AND PROTECTION BARRIER AT LOCATION. WITNESS STATED THAT VEHICLE #1 PROCEED IN A FORWARD MOTION AT THE SAME TIME THE RAILROAD TRAIN PROCEEDED THROUGH THE CROSSING. A COLLISION OCCURED BETWEEN THE TRAIN AND V1 AND DRAGGED V1 APPROXIMATELY 950 FEET. AS A

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	7	1	49	F	X	X	1	9994		BRODY-SCHAEFFER, EL	2/3/2015
B													
C													
D													
E													
F													
OFFICER'S RANK AND SIGNATURE	P. O.			Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed				
Print Name in Full				2491	03083	7	HY13		2/6/2015 20:51				

USE COVER SHEET
N

POLICE ACCIDENT REPORT

Local Codes
 #15-1445
 6GD70240S3ZP

MV-104A (6/04)

AMENDED REPORT

1	Accident Date	Month: 2	Day: 3	Year: 2015	Day of Week: Tuesday	Military Time: 18:26	No. of Vehicles: 1	No. Injured: 0	No. Killed: 1	Not Investigated at Scene: <input type="checkbox"/>	Left Scene: <input type="checkbox"/>	Police Photos: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Accident Reconstructed: <input checked="" type="checkbox"/>											

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license	
Address (Include Number and Street)		Apt. No.	Address (Include Number and Street)	

3	City or Town	State	Zip Code	City or Town	State	Zip Code
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4	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	Unlicensed: <input type="checkbox"/>	No. of Occupants	Public Property Damaged: <input type="checkbox"/>
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5	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
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6	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released: <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released: <input type="checkbox"/>
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7	City or Town	State	Zip Code	City or Town	State	Zip Code
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8	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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9	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
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10	Violation Section(s)	Violation Section(s)
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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.

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

11	VEHICLE DAMAGE CODES	VEHICLE DAMAGE CODES	ACCIDENT DIAGRAM
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12	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
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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

13	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
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County: WESTCHESTER City Village Town of _____

Road on which accident occurred: _____ (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

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

Accident Description/Officer's notes

RESULT, (5) OTHER FATALITIES OCCURRED ABOARD THE TRAIN AND ARE IDENTIFIED AS: _____ REPORTING OFFICER DID NOT WITNESS THE ACCIDENT. PROPERTY DAMAGED BY VEHICLE #01- METRO-NORTH RAILROAD CAR MTA METRO-NORTH RAILROAD 347 MADISON AVE NEW YORK, NY 10017 PROPERTY DAMAGED BY VEHICLE #01- RAILROAD TRACK - 3RD RAIL MTA METRO-NORTH RAILROAD 347 MADISON AVE NEW YORK, NY 10017 WITNESS

8	9	10	11	12	13	14	15	16	17	BY	TO 18	Names of all Involved	Date of Death Only
A													
B													
C													
D													
E													
F													

14	Officer's Rank and Signature	P.O. _____	Badge/ID No.	2491	NCIC No.	03083	Precint/Post Troop/Zone	7	Station/Beat Sector	HY13	Reviewing Officer	_____	Date/Time Reviewed	2/6/2015 20:51
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USE COVER SHEET
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POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
#15-1445
6GD70240S3ZP

AMENDED REPORT

1	Accident Date Month: 2, Day: 3, Year: 2015	Day of Week Tuesday	Military Time 18:26	No. of Vehicles 1	No. Injured 0	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE				VEHICLE				BICYCLIST				PEDESTRIAN				OTHER PEDESTRIAN				21			
VEHICLE - Driver License ID Number				State of Lic.				VEHICLE - Driver License ID Number				State of Lic.								22				
Driver Name - exactly as printed on license				Address (Include Number and Street)				Apt. No.				Driver Name - exactly as printed on license				Address (Include Number and Street)				Apt. No.				23
City or Town				State				Zip Code				City or Town				State				Zip Code				24

3	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	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	25													
Name - exactly as printed on registration				Sex				Date of Birth Month: , Day: , Year:				26												
Address (Include Number and Street)				Apt. No.				Haz. Mat. Code				Released				27								
City or Town				State				Zip Code				City or Town				State				Zip Code				28

4	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	29	
Ticket/Arrest Number(s)						Ticket/Arrest Number(s)						30
Violation Section(s)						Violation Section(s)						31

5	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.				32
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6	VEHICLE DAMAGE CODES				VEHICLE DAMAGE CODES				ACCIDENT DIAGRAM				33			
Box 1 - Point of Impact				Box 2 - Most Damage				Box 1 - Point of Impact				Box 2 - Most Damage				34
Enter up to three more damage codes				Enter up to three more damage codes				Enter up to three more damage codes				Enter up to three more damage codes				35
Vehicle By:				Towed To:				Vehicle By:				Towed To:				36

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.				14. UNDERCARRIAGE				17. DEMOLISHED				15. TRAILER				18. NO DAMAGE				16. OVERTURNED				19. OTHER				37
Reference Marker				Coordinates (if available) Latitude/Northing				Place Where Accident Occurred: County <u>WESTCHESTER</u>				<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____				Road on which accident occurred _____ (Route Number or Street Name)				at 1) intersecting street _____ (Route Number or Street Name)				or 2) _____ feet _____ miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)				38

Accident Description/Officer's notes												39
[Redacted]												40

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all Involved		Date of Death Only	
A																
B																
C																
D																
E																
F																

Officer's Rank and Signature	P.O.	Badge/ID No.	2491	NCIC No.	03083	Precint/Post Troop/Zone	7	Station/Beat Sector	HY13	Reviewing Officer	[Redacted]	Date/Time Reviewed	2/6/2015 20:51
Print Name in Full		[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]	

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USE COVER SHEET

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POLICE ACCIDENT REPORT

MV-104A (6/04)

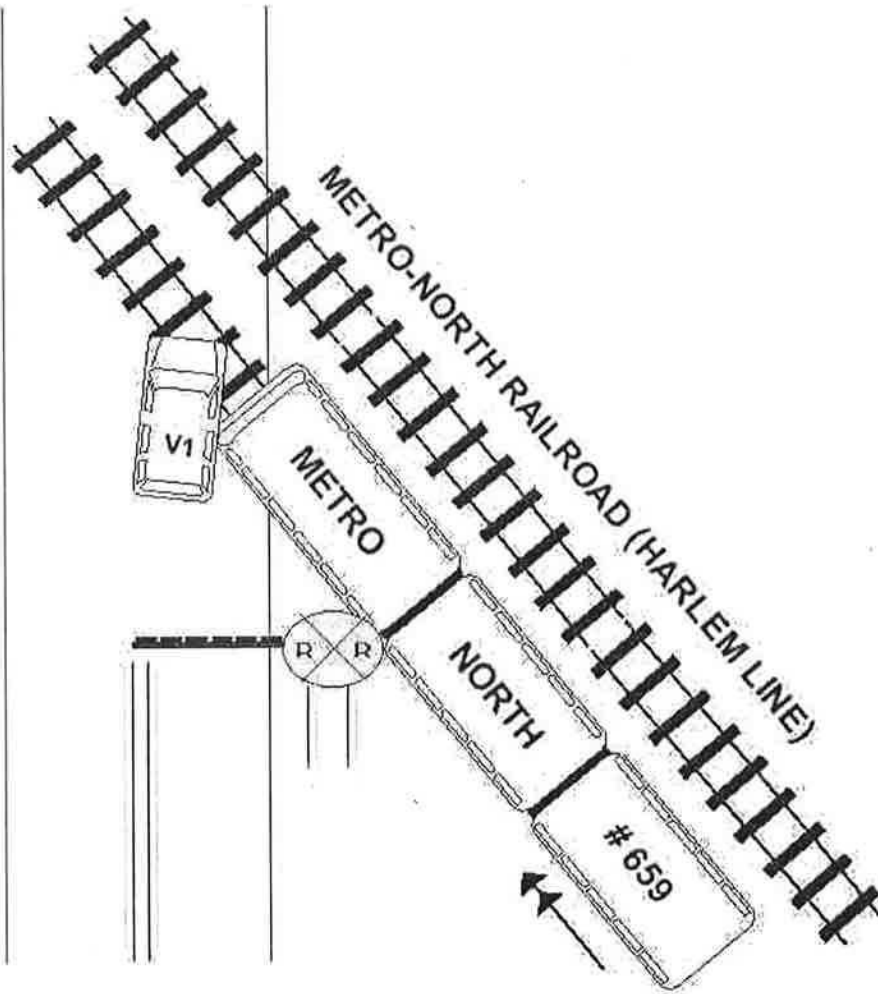
Local Codes
#15-1445
6GD70240S3ZP

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	3	2015	Tuesday	18:26	1	0	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



COMMERCE STREET





POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code #15-1445 6GD70240S3ZP	Accident Date Month Day Yr. 02 03 2015	Military Time 18:26	County WESTCHESTER	City/Town/Village MOUNT PLEASANT, T	No. Killed 1	No. Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Name and Address of Deceased
1: [REDACTED]

ACCIDENT DATA

Speed Limit (MPH) 30	Location (Route or Street Name) COMMERCE ST
Estimated Speed: Vehicle 1 0 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 ML350 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 checked="" type="checkbox"/> Not physically divided <input type="checkbox"/> Divided highway, other barrier or barrier type unknown
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 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 DATA

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 [REDACTED]	YES	18:29	NO		YES	NO	05 - DOOR RIGHT
P a s s e n g e r							
P a s s e n g e r							
P a s s e n g e r							
P a s s e n g e r							

* 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 P. O. [REDACTED]	Badge/ID No 2491	Department 03083	Precinct/Post Troop/Zone 7	Station/Beat/ Sector HY13	Reviewing Officer [REDACTED]	Date/Time Reviewed 2/6/2015 20:51
	Print Name in Full [REDACTED]						

ATTACHMENT DESCRIPTION

GOOGLE EARTH VIEW OF LOCATION



There are only 3 valid entries for injury code boxes 14, 15 and 16:

1. three dashes (-) meaning "does not apply" because no injury occurred.
2. three X's meaning that an injury did occur but its complete nature is "unknown".
3. three numeric injury codes which individually reflect the LOCATION OF MOST SEVERE PHYSICAL COMPLAINT, the TYPE OF PHYSICAL COMPLAINT and the VICTIM'S PHYSICAL AND EMOTIONAL STATUS.

The injury codes in column 14, the LOCATION OF MOST SEVERE PHYSICAL COMPLAINT, are self-explanatory. Definitions of the injury codes for columns 15 and 16 are as follows:

COLUMN 15 - TYPE OF PHYSICAL COMPLAINT:

This column is used to describe the type of physical injury sustained. The following are definitions of the Types of Physical Complaints for Column 15.

1. Amputation — Severed parts.
2. Concussion — Dazed condition as the result of a blow to the head.
3. Internal — No visible injury, but signs of anxiety, internal pain and thirst.
4. Minor Bleeding — Slight discharge of blood.
5. Severe Bleeding — Steady flow of blood that is not controlled.
6. Minor Burn — Reddening of the skin.
7. Moderate Burn — Reddening, blistering of skin over large area.
8. Severe Burn — Reddening, blistering or charring of the skin over a large portion of the body.
9. Fracture — Dislocation, evidence of displacement of bones.
10. Contusion/Bruise — Discoloration.
11. Abrasion — Top layer of skin is scraped.
12. Complaint of pain — No visible injury noted, but victim complains of pain.
13. None Visible — No visible injuries, but victim is other than normal.
14. Whiplash — Complaint of neck and head pain.

Column 16 — VICTIM'S PHYSICAL AND EMOTIONAL STATUS: Column 16 is used to describe the overall condition of the injured person. A victim's status is defined as follows:

1. Apparent Death.
2. Unconscious — Victim unaware of surroundings, and does not respond to verbal or physical stimuli.
3. Semi-conscious — Victim not fully aware of surroundings.
4. Incoherent — Lacking orderly continuity of thought.
5. Shock — Depressed condition of all body functions, resulting from serious injury or incident.
6. Conscious — Normal and aware of surroundings.

COLUMN 17 — INJURED TAKEN BY: The means by which an injured person is transported to a hospital is to be recorded in Column 17. If the vehicle is an ambulance with a New York ambulance license plate, enter the license plate number. For injured persons taken for emergency medical treatment in a vehicle other than an ambulance with a NY ambulance license plate, enter the following codes in column 17:

9992 Helicopter
 9993 Unknown Ambulance
 9994 Coroner's Van or Municipal Emergency Equip.
 9995 Private Vehicle
 9996 Invalid Coach (Funeral)
 9997 Fire Vehicle
 9998 Police Car
 9999 Police Ambulance

COLUMN 18 — INJURED TAKEN TO: See the hospital codes on the bleed-through sheet.