

SURVIVAL FACTORS – HIGHWAY GROUP CHAIRMAN'S FACTUAL REPORT

ATTACHEMENT 6: MTA POLICE ACCIDENT REPORT

Valhalla, NY

DCA15MH006

(8 pages)

Page 1 of	4 Pages		New	v York Sta	te Departmer	t of Motor V	ehicles			
	1445 40S3ZP	AMENDER	POL D REPORT	- III	NCCIDE NV-104A (6/		PORT			[
Accident Date		· No.	7	harman a	No toius	ed No. Killed	Not Investiga	ated at Scene	Left Scene	Police Photos
Month Day	Year 2015	Day of Week Tuesday	Military Time 18:26	Vehicle	s ()	1 10, Killed	Accident Red			✓ Yes No
	VEHICLI		1 10.20	- 1		HICLE	BICYCLIST	PEDESTRIAN	1 pthi	ER PEDESTRIAN
VEHICLE 1- Driver		-		Stale of	CONTRACTOR OF THE PERSON NAMED IN	E - Driver	CHR STOLL		120.00	State of Lic.
License ID Number Driver Name - exactly	,			NY	WHIP CHILDREN	ID Number ame - exactly				
as printed on license						d on license				K SON WE
Address (Include Nu	mber and Street)			Ap	t. No. Address	(Include Nur	ber and Street)	CONTRACTOR OF		Ap), No.
City or Town		State	Zip (Code	City or	own		State	Zip	Code
•					9 (94)		1-3450F30	100		
O Date of Birth Month Day Y	ear	censed No. of	· · ·	Public Property	Date of B Month	Day Ye	ar Sex	Unlicensed No. of C	Occupants	Public Property
Name - exactly as printe	F	Sex		Damaged	Name - e	actly as printed	on redistration	Sex	Date of Bir	Damaged
1 anie - exactly as printe	a on regiseation	I Gun	Date of Birth Month	Day Y	ear	addy ad printed				Day Year
Address (Include Number	and Street		Haz.	• Re	leased Address	Include Number	and Street)	Carl Na	Haz	Released
	"	Apt. i	Code	- !			amenomas.	Apt. No	Mat Code	
Cily or Town		State	Zip C	ode	City or To	wn	Mr. S. S. W.	State	Zip	Code
Plate Number	State of Reg. Vehicle	e Year & Make	Vehicle Type	e Ins. 0	Code Plate Nur	nber	State of Reg. Ve	hicle Year & Make	Vehicle Typ	ps Ins. Code
					700		ARTHUR D		312	
Ticket/Arrest Number(s)					Ticket/Ar Number(THE STATE OF THE S	0, 6,8	A CONTRACTOR OF THE PARTY OF TH
Violation					Violation	1751 TO Y	Mary County	20 0 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20-20-20-20	THE WORLD
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wore than 95			more than 95	inches wide	9)		pace #9, Numb		dent, or dra	w your own
more than 34 operated with	•		more than 34		alet nameit:	Rear End	Left_Tum			ead On
	an overweight pern		operated with	- 10 mg	ension permit.	-	3, 1		7.	->
C VEHICLE 1	DAMAGE CODE	s c	VEHICLE	DAMAG	E CODES	Sideswip (same di	tertion) Left Turn	_ Pig	nt Yum Si	opposite direction)
L Box 1 - Point of In E Box 2 - Most Dam			x 1 - Point of Im x 2 - Most Dam			2	- 0.	4, 8,7	0,	
Enter up to three	3 4	4 5 Ent	ter up to three	Per Post 8	3 4	ACCIDENT	DIAGRAM			- 1
1 more damage cod	les 17		ore damage cod inicle By:	les	A SECURITY	See th	e last na	ige of the M	V-104A	for the
Towed To: MTA	PD (BEACON	1000	wed To:				nt diagra	_	V 20111	101 0110
VEHICLE DAMAGE		:	1 /	Ti-	, ,	1				
1-13 SEE DIAGRAM	ON RIGHT. RIAGE 17. DEMOLIS	euen II	.[[13	8	9.				
15. TRAILER	18, NO DAMA		\			Cost of repa	airs to any one v	vehicle will be more	than \$1000.	
16. OVERTURNE	ED 19. OTHER	27	, 1		10	Unkn	own/Unable to	determine	Yes	☐ No
Reference Marker		'	Place Where A	*****	17/61					
1 1 1	Latitude/Northin	·	County WES			City	Village 🗸 T	fown of MOU	NT PLEA	SANT
- : : :	4549037		Road on which	accident o	ccurred <u>CO</u>	MMERCE S	T	/Paula Nur	mber or Street	
	Longitude/Easti	ing	at 1) intersect	ing street	MTA MET	RO-NORTH	RAILROA	D TRACK		
	601794	, I	or 2)		N [S of		(Route Nur	mber or Street	Name)
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BASED ON INV										
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Officer's Rank and Signature	30		Bad	ge/ID No.	NCIC No.	Precint/Pos Troop/Zone		t Reviewing Off	100	ate/Time Reviewed
Print Name in			246	5.1	03083	7	HV13			/6/2015 0:51
		_	12/10	al I	BELLENSE	1 /	DHCY L 3		164	U . U ±

	Page 2 of 4 Pages	New York State Dep	partment of Motor Ve	hicles	
	Local Codes #15-1445	POLICE ACC	SIDENT REF D4A (6/04)	PORT	19
1	6GD70240S3ZP AMENDED RE				
	Accident Date Day Year Day of Week Mil 2 3 2015 Tuesday	litary Time No. of Vehicles 18:26 1	No. Injured No. Killed		Left Scene Police Photos
	VEHICLE		VEHICLE	BICYCLIST PEDESTRI	
2	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number Driver Name - exactly		State of Lic.
_	Driver Name - exactly as printed on license		as printed on license		E VENT LE BERTHE
	Address (Include Number and Street)	Apt. No.	Address (Include Numl	per and Street)	Apt No.
3	City or Town State	Zip Code	City or Town	State	Zip Code
	Date of Birth Month Day Year Sex Unlicensed No. of Occi	Public Property Damaged	Date of Birth Month Day Yea	r Sex Unlicensed No. c	of Occupants Public Property Damaged
	Name - exactly as printed on registration Sex	Date of Birth Month Day Year	Name - exactly as printed of	on registration Sex	22
4	Address (Include Number and Street)	Haz Released	Address (Include Number a	and Street) Apt.	No Haz, Released
		Mat. Code			Mat. Code 24
5	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 S	tate of Reg. Vehicle Year & Make	Vehicle Type Ins. Code
	Ticket/Arrest Number(s)		Ticket/Arrest Number(s)		25
6	Violation Section(s)		Violation Section(s)		
	Check if involved vehicle is: Check	f involved vehicle is: are than 95 inches wide;		gram below that describes the a ace #9. Number the vehicles.	ccident, or draw your own
7	W E more than 34 feet long; H operated with an overweight permit;	re than 34 feet long; arated with an overweight per	Rear End		Right Turn. Head On.
	C VEHICLE DAMAGE CODES C VE	HICLE DAMAGE COD		ection) Left Turn	Right Turn Sideswipe (opposite direction)
		Point of Impact Most Damage	2	- 10. T 14.	0, 27
		p to three amage codes By:	4 5 ACCIDENT	DIAGRAM	
	Towed To: Towed VEHICLE DAMAGE CODING:	To: 6 6	, ,		
	1-13 SEE DIAGRAM ON RIGHT.		9.		71
	14. UNDERCARRIAGE 17. DEMOLISHED 2 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	13	Cost of repai	rs to any one vehicle will be mo	re than \$1000.
		12 11 10		wn/Unable to determine	Yes No
	THE PROPERTY OF THE PROPERTY O	e Where Accident Occurred nty WESTCHESTER	gendanting proof strong	Village Town of	8
		d on which accident occurred	housed Instant		729
	Longitude/Easting at 1	1) intersecting street			Number or Street Name)
	or 2)		N S of		Number or Street Name)
	Accident Description/Officer's notes	feet miles	E W (M	ilepost, Nearest intersecting Roule N	umber or Street Name)
	RESULT, (5) OTHER FATALITIES OCCUR	RED ABOARD THE T	RAIN AND ARE I	DENTIFIED AS: REPORTING OFFICER	DID NOT
	WITNESS THE ACCIDENT. P	ROPERTY DAMAGED	BY VEHICLE #01	- METRO-NORTH RAII	ROAD CAR MTA
	METRO-NORTH RAILROAD 347 MADISON RAILROAD TRACK - 3RD RAIL MTA ME	AVE NEW YORK, NY	10017 PROPERT AD 347 MADISC	TY DAMAGED BY VEHIC ON AVE NEW YORK, NY	CLE #01-
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E	Officer's Rank and Signature	Badge/ID No. NCI	C No. Precint/Post Troop/Zone	Station/Beat Reviewing (100
$\nu \vdash$	Print Name in	20101	102	UV12	2/6/2015 20:51

	Page 3 of 4 Pages New York St	ate Depa	artment of Motor	r Vehicles			
	Local Codes POLICE /		DENT RI 4A (6/04)	EPORT			19
	6GD70240S3ZP AMENDED REPORT		.,,(0.0.)				
	Accident Date Day Year Day of Week Military Time No. o Vehic	if N	o. Injured No. Ki			Scene Police Photos	20
ш	2 3 2015 Tuesday 18:26 VEHICLE	<u> </u>	0 1	BICYCLIS	P P	OTHER PEDESTRIAN	
2	VEHICLE - Driver State of		/EHICLE - Drive			State of Lic.	21
	License ID Number Driver Name - exactly		icense ID Numbe Priver Name - exac	ctly			
	as printed on license		as printed on licens Address (Include N		N.	Apt No.	
	Address (Include Number and Street)	ipi ito					22
3	City or Town State Zip Code		City or Town		State	Zip Code	
	Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property		Date of Birth Month Day	Year	Unlicensed No. of Occup	Property	
	Name - exactly as printed on registration Sex Date of Birth	132	Vame - exactly as prin	nted on registration	Sex ID	Damaged late of Birth	23
4	Month Day	Year		No. Cont.		Month Day Year	L
	Address (Include Number and Street) Apt. No. Haz. Mat. Code	Released	Address (Include Nun	nber and Street)	Apt No. H	az. Released at code	12
	City or Tawn State Zip Code	Service Co.	City or Town		State	Zip Code	24
5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins	s Code	Plate Number	State of Reg.	/ehicle Year & Make Ve	ahicle Type Ins. Code	100
Ш	Figure 1.00 Visited 1.00	300		REPRESE	The state of the s		
9	Ticket/Arrest Number(s)		Ticket/Arrest Number(s)				25
6	Violation Section(s)		Violation Section(s)	AL POSTERIA			
	Check if involved vehicle is: Check if involved vehicle is: more than 95 inches wide; more than 95 inches wide;		Circle the	e diagram below t in space #9, Num	nat describes the acciden	t, or draw your own	7
	more than 34 feet long.	NAME OF TAXABLE PARTY.	Rear		The second secon	m Head On	26
7	H operated with an overweight permit;	CONTRACTOR OF THE PARTY OF THE	4 1	3. ¥	5.7	7.	
	C VEHICLE DAMAGE CODES C VEHICLE DAMA	GE CODE	Side (sam	ne direction) Left Tu	Right Tu	Sidesvipe (opposite direction)	-
	L Box 1 - Point of Impact 2 L Box 1 - Point of Impact E Box 2 - Most Damage E Box 2 - Most Damage	it and	2.	ENT DIAGRAM	14. 16.7	10	27
	Enter up to three 3 4 5 Enter up to three more damage codes nore damage codes	3	A S ACCIDE	ENT DIAGRAM			
	Vehicle By: Towed To: Towed To:						
	VEHICLE DAMAGE CODING:	7	7				
	1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED		9.				28
	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				vehicle will be more than		
	1 12 11	10	600000	Inknown/Unable to	determine Y	es No	_
	Reference Marker Coordinates (if available) Place Where Accident County WESTCHES		:	Village	Town of		
	Road on which accident		Laure Laure	Land C based			29
	Longitude/Easting at 1) intersecting street					r or Street Name)	_
	or 2)		N S of		· ·	r or Street Name)	
	feet miles		E M	(Milepost, Neares	t intersecting Route Number (or Street Name)	30
	Accident Description/Officer's notes						
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5			47.57	TO 49	Names of all Involved	Date of Death Or	
A	8 9 10 11 12 13 14 15	16	17 BY	TO 18	Hames of all involved	Date of Death Of	
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V	Officer's Rank Badge/ID No.	NCIC	No. Precint	/Post Station/Be	eat Reviewing Officer	Date/Time Review	/ed
D	and Signature P.O.	8	Troop/Z			2 /6/2015	
F	Print Name in	030	83 7	НҮ13		20:51	

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

Local Codes #15-1445

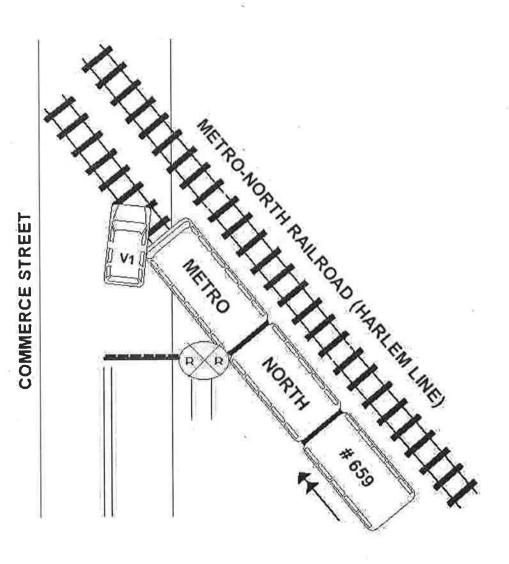
6GD70240S3ZP

AMENDED REPORT

MV-104A (6/04)

Accident Date			Day of Week		No. of	No. Injured	No. Killed Not Investigated at Scene		Left Scene	Police Photos
Month	Day	Year	0.000 TO		Vehicles	0	791			
2	3	2015	Tuesday	18:26	1	0	1	Accident Reconstructed		Yes No









POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



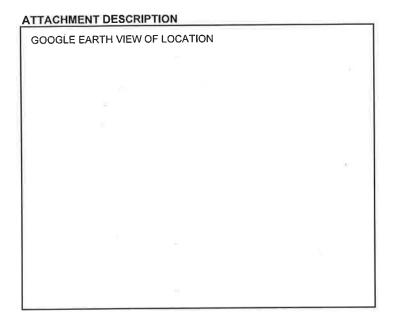
MV-104D (3/02)

Page

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Pages

		ime Cou	inty		City	City/Town/Village		No. Killed	No. Vehicles	Work Related	
#15-1445 6GD70240S3ZP	Month Day Yr.	18:	26 WES	STCHEST	ER	MOU	MOUNT PLEASANT, T		1	1	☐Yes ✔No
Name and Address of Deceas											
1:											
289765											
						9					
ACCIDENT DATA											
Speed Limit (MPH)	Location (Route of	or Street I	Name)								
30 Estimated Speed:	COMMERCE ST										
Vehicle 1 0MPh	H Unkno	own Ve	ehicle		МРН	d 🔲 Un	known V	ehicle/		MPH [Unknown
Vehicle Model (for example, Musta	ang or Corvette):		ماداما م				\	/ehicle			
Vehicle 1 ML350			ehicle					reflicie	_		
Roadway Surface:	Blacktop	☐ Bric	k or Block		<u></u> р	irt	Slag	П	Gravel	Stone	Other
No. of Lanes Roadway Flow			K OF BIOOK							Divided highw	ay, guard rail
2	Divided hig		ner barrier o	r barrier ty	pe unk	(nown	Divided highw	/ay, media	an strip	Not physically	divided
EMERGENCY MEDICAL SE	RVICES *		TAL INFOR								
	Time (Military):	If the vic	tim was tak	en to a ho	spital o	outside of N	/S, give name,	county a	nd state of th	nat hospital:	9
Notified											
Arrived at Scene		If the vic	tim was tra	nsferred to	anoth	er hospital (after initial tran	sportation	n), give the n	ame, county ar	nd state of
And and at the arited		that hos									0
Arrived at Hospital											
OCCUPANT DATA											
			Deceased	Time of	Extric		ype of trication	Air Ba Deployed	igs Not in	Initial	Point of
Name			Yes/No	Death	Yes/N			Yes/No	Vehicle		Vehicle***
y Driver									-		
E		-	YES	18:29	NC			YES	NO	05 - DOC	R RIGHT
i Passenger		_									
L							[
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E Passenger											
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E Passenger					1			- 1			
* This includes any type of	FIME service (for	ovamnia	fire police	private) It	f vou a	re unable to	furnish the FM	AS data n	lease give th	ne name, addre	ss and
plate number of the amb	ulances so we can	contact th	nem:	private). I	i you ai	TO dilabio to	Tarrior, the En				
** To be "extricated", the vi	ctim must be pried	from the	wreckage.	Unfastenin	g the s	seat belt is n	ot considered	"extricated	d":		
*** Indicate the first area of	the vehicle that wa	s impacte	ed, for exan	ple, right t	front, u	ndercarriage	e				
Additional Information											
				12.1.			B	D1-17- 18	1W ID	udna la	ato/Time
SIGN Officer's Rank and Si	ignature			Badge/IC	No D	Department	Precinct/Post Troop/Zone	Station/E Sector	Beat/ Revie	R	ate/Time eviewed
HERE P.O.				249	1	03083	7	HY1	.3		/6/2015
in Full				249	-	00000				2	0:51





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.
- Concussion —Dazed condition as the result of a blow to the head.
- 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.
- 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.
- Unconscious Victim unaware of surroundings, and does not respond to verbal or physical stimuli.
- 3. Semi-conscious Victim not fully aware of surroundings.
- 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.