

Human Performance Factual Report Attachment

Police Accident Report, November 30, 2015

Schoharie, NY

HWY19MH001

(4 pages)

	Page 1 of Local Codes	3 Pages		P					tor Vehicle								19	
	0SST11	52GN3P	■ AM	ENDED	REPOR		104A (6 MV CO										4	
Accid Mor	Control of the contro	Year 2015	Day of M	Week	0.00000	ry Time	No. o Vehic		No. Injured	No.			ated at Scene		Left Sce	ne Police P	V 7	
	334	VEH	ICLE 1		8.				EHICLE 2		BICYCL		PEDESTR		OTHE	ER PEDEST	TRIAN	
	ICLE 1 - Driver ase ID Number					S	tate of Lic	Licens	VEHICLE 2 - Driver License ID Number State of Lic.									
- Drive	er Name -exactly	LISINICCHIA,	SCOTT	T		114		Driver	Name - exa	actly NI	MS, CI	HAD E					21	
	ess (Include Numi		OR OLD SHAPE OF CHEST				Apt. No.	Addre	ss (Include	Number	& Street)					Ap	pt. No.	
City	or Town	S			tate IY	Zip Code 12801	1		r Town EDWAR	D		125		State NY		Zip Code 12828	22	
	of Birth	Sex	Unlicense	nd No		Public Proper	8 1		of Birth		Se	ex	Unlicensed	No. of Occupa	nte	Public Property		
3 Mor		Year 1965 M			-	Damag	ged [1	M		A CONTRACTOR	1	Damaged		
7	e-exactly as printe SINICCHIA,			Sex	M	nth Day		r	exactly as	· con and and and the	and the same	ation		Sex	Mor	of Birth oth Day	Year 23	
20.30	ess (Include Numi				No. Haz	z.	196: Release	A	ss (Include					Apt. No.	Haz.	Re	eleased -	
4					Mat									0.38 30	Mat. Code			
	or Town LENS FALL	\$		State NY		Zip Code 12801			r Town EDWAI	מא				State	Zip Cod		24	
	Number		hicle Year	(E.Woer)	Vehicl	12801 le Type	Ins. Cod	1000000	Number	-	State of F	Reg. Vehic	le Year & Ma		Vehicle	T.	3 s. Code	
5			003	FORI			274	1.010			NY	200		ADI	SUB		316	
Ticke	ber(s) BE59	71615						Ticket Numb	t/Arrest									
Viola	tion	3						Violat	-								*	
Secti	on(s) 1142A	E)		T. Free				Section	- 3//								25	
6	Check if involve more than 98				more than								hat describe ber the vehi		ccident,	or draw you	ur own 3	
. V	more than 34		rmit:	V	more than	n 34 feet le	ong;	t nermit	Re	ar End		eft_Turn	Right Angle	Right	Turn	Head On		
	□ operated wit	h an overdimensio	n permit.		operated	with an ov	verdimen	sion per		← <	€ 3.	V	l î	5.	7	7.	←	
	98 90 EW SX 8	1 DAMAGE COL			80 2 3 3 8 5 7	CLE 2 DA				deswipe ame direc	ction) Le	eft Turn	→	Right	Turn	Sideswipe (opposite dir	rection) 26	
	Box 1 Point of Box 2 Most Da	IIIIpact 1	1 2		x 1 Point		t	51	16 (sa	4	- O.	K	4.	6.	_	8>	← ′ 1	
	Enter up to thre		4 5		nter up to to		1 ₆	12	13 AC	CIDEN	T DIAG	RAM						
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	owed:	E COLLISION			wed:	CLARK											1	
L					4	CLARK	5	6		here is	no acc	eident di	agram					
200	HICLE DAMAG	RAM ON RIGHT.		3	1	/		7	7									
	4. UNDERCAL		MOLISHE	D 2		. (13		8									
1	5. TRAILER	18. NC	DAMAG	1000	2				9.	4-6-			a vahiala v	. 401 bases	46 .	¢4000	28	
1	6. OVERTUR	NED 19. OT	HER	1	L				9	100	1000		to Determ		nore tha		No.	
Re	ference Marker	Coordinates (if a	available)	Pla	ce Where		ent Occ	urred:										
		Latitude/Northin	50.		nty WAI			×	City DV	/illage	□ Town	of G	LENS FA	LLS, C	TTY O	F		
2)		2	10	Roa	d on which	accident	occurred	WAR	REN ST								29	
				at 1) intersecti	ng street	JAY S	Γ			(1	Route Num	ber or Street	Name)				
13	 	Longitude/Easti	ng:			- Anna Carlotte		os.			(1	Route Num	ber or Street	Name)			200	
				or 2	Peet	Miles		□W o	of	(Mi	lepost. Ne	earest inters	secting Route	Number	or Street N	Name)		
Acci	dent Descriptio	n/Officer's Notes															30	
Dri	ver of vehicle	# 1 failed to yie	eld right	of way	at a stop	sign as	he was	attemp	ting to tu	ırn left	3						1	
onto	Warren stre	et from Jay stree	et. Drive	r of veh	nicle # 2	attempte	d to avo	oid the	collision	by							US	
swe	rving away f	rom vehicle #1.	Vehicle	# 1 str	uck vehic	cle # 2 h	ard eno	ugh to	cause tha	t vehic	cle to						SHE	
roll	and skid on i	t's side into veh	icle # 3.	- WIT	NESS 1 I	FERRIS,	GARY											
8		10	11	12	13 14	4 15	16	17 B	BY TO	0 18	00-7-0		mes of all in		•	Date of	Death Only	
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c 03	1	-	-	X U		-	-				277000	RKED,	TT 4					
D 01	3	4	1	50 I	7 1	4	6				LIS	SINICCI	HIA, KIM	G				
E F		6		-+		_	-									-		
7.0	s Rank	8				Badge/ID I	No. IN	CIC No.	Precinct/	Poet C	ation/Po	at/ Ravis	ewing		In.	ate/Time Re	aviewed	
	s Rank Inature PO	85	- 11.5	68		Jauge/ID I			Troop/Zo	THE RESERVE	ector	Office						
Print Na in Full	JOHN P	NORTON				3478	0	5601	PT15	3	3	L	OVELAC	E, SH	AW 1	2/01/2015	08:00	

	Page 2	of 3	Pages	1					epartment CIDEN				• 1							19
	088	ST11520	3N3P	AMI	NDE	D REI	PORT		104A (6/ MV COP											25
1 Acci Mo	dent Date	/	Year	Day of		Ì	Military 1	ime	No. of Vehicle	es N	lo. Injure	ed	No. Killed	Not Inv	estigated	d at Scene		Left Scene		
11	1	30	2015	HICLE 1	on		09:2	6	3		2 EHICLI	F 2	0 BICY			structed EDESTR	IAN		PEDESTRI	
	IICLE 1 - Dri		VE	HICLE I				S	tate of Lic.	VEHIC	LE 2 - E	Driver	☐ BICT	CLIST		EDESTR	IAIN	UOTHER	State of	
Drive	er Name -ex	actly DAT	RKED					16.00		License ID Number Driver Name - exactly as printed on license										
	rinted on lice ress (Include							-	Apt. No.				ber & Stre	eet)					Apt. N	lo.
City	or Town				118	State	Z	p Code	A.C.	City or	Town						State	Z	ip Code	2
	te of Birth Sex Unlicensed No. of Occupa						Public Property Damaged			Date of Birth Sex Unlicensed No. of Occupants							ants	Public Property Damaged	_	
17 13146	Zeoneconoscopio por con	And the second	registration		100	ex	Date o	f Birth	_	Name	-exactly	as print	ted on regi	istration			Sex	Date of Month	Birth	ear 2
25.73.8388	kenson, l	W. 2000 St. 14.2	Street			pt. No.	Haz.	<u> </u>	Released	Addro	oc (Inok	do Num	ber & Stre	200			Apt. No	20	Relea	3
4	ess (include	Number o	Street)			pt. No.	Mat Code		The leased	Addies	ss (muu	ue ivuii	Der & Stre	161)			Apr. No	Mat. Code	L	Same I
	or Town T EDWA	RD			Stat		Zip	Code 2828		City or	Town						State	Zip Code		2
5	Number	\$		Vehicle Year 8 2003	Make HO		Vehicle T 4DSD	ype	Ins. Code 328	422700083	Number		State	of Reg.	Vehicle '	Year & Mak	æ	Vehicle Ty	pe Ins. C	ode
Tick	et/Arrest ber(s)									Ticket/Arrest Number(s)										
1 2 2 2 3 1 3	ation tion(s)									Violation Section										
6	Check if it						if involve than 9				3/4					t describe		ccident, o	draw your o	own 10
V	V ☐ more than 34 feet long; V ☐ more							4 feet lo		permit		Rear E		Left Tu		ight Angle	_	Turn H	lead On	+
H	□ operate	d with an	overdimens	ion permit.		□ oper	ated wit	h an ov	verdimens	ion per	mit.	1.	_	3.	7	Ţ	5.	7	→ ←	-
7 c	Box 1 Po	oint of Imp	pact	1 2		Box 1	Point o	f Impac	t	1	2	Sidesw (same	direction)	Left Tur	m —	\rightarrow	Right		Sideswipe opposite directi	on) 2
E	Box 2 Me Enter up to	three	3	10 10 4 5	E	Enter u	Most D p to thre	е	3	4	5	ACCIE	ENT DI	O. AGRAM	4.	2	6. 7	8	_	92
1	more Dam Vehicle B		es 11 ER REQU	ECT	2	more D Vehicle	amage By	Codes												2
	Towed:		ER REQU		1 13	Towed:	То					Ther	e is no	accide	nt dian	ram				1
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			ON RIGHT.			/•	1	$^{\prime}$	\perp	1										
	14. UNDE 15. TRAIL		AGE 17. [18. N	DEMOLISHE NO DAMAGI	1992 M. A. A.	-	- (13		8	9.								2
1	16. OVER	TURNED	19. (OTHER	1	_			11	10	9	100	1000			vehicle v Determi		nore than	-	1
Re	ference M	arker C	oordinates (if available)				Accide	ent Occu										0 110	
	i i	L	atitude/North	ning:			WARR		occurred	WARI	City I	□ Villag ST	ge 🗆 To	own of	OLL		JLJ, C	CITY OF		. 2
0)		T							JAY ST					(Route	Numbe	r or Street	Name)			-
13		L	ongitude/Eas	sting:	a	t i) iiile	isecuriy	Sileet						(Route	Numbe	r or Street	Name)			155
					(or 2) Fe	eet M	Miles	OE C	W o	f		(Milepost	, Nearest	intersec	ting Route	Number	or Street Na	me)	
Acci	ident Desc	ription/Of	ficer's Notes																	3
8																				
(A)																				C
802				2022					1 11 10 10 1				2000			P. 100 P.				
8	9		10	11	12	13	14	15	16	17 B	Y	TO	18		Name	s of all in	volved		Date of De	ath On
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	's Rank gnature	PO		000			Bac	ige/ID i	No. NC	IC No.	100000000000000000000000000000000000000	nct/Pos	TOTAL STORY	Account of the	Review	ing		Dat	e/Time Revie	ewed
Print North	omo	N P NO	RTON				34	78	05	601	Troop PT1	/Zone 5	Sector 3		Officer LO	VELAC	E, SH	AW 12/	01/2015	08:00

	Page 3 of 3 Pages Local Codes		New York S											19		
	0SST1152GN3P	AMENDED I	REPORT		04A (6/0 V COP)	100										
1	Accident Date Month Day Year 11 30 2015	Day of Week Mon	Military T		No. of Vehicle	s	No. Injured	No. Killed		tigated at Scene	-=	Left Scene	Police Photos	20		
- 3	11 30 2015 VEHICLE 1 - Driver		09:20		3 e of Lic.	_	EHICLE 2	BICY	No. of Contract of	PEDESTR	CIAN [OTHER	PEDESTRIAN	1		
2	License ID Number Driver Name -exactly						se ID Numbe							2		
3	as printed on license Address (Include Number & Street)			A	Apt. No.	as printed on license Address (Include Number & Street) Apt. No.										
	City or Town	Sta	te Zi	p Code		City o	r Town	10° 10° 10° 10° 10° 10° 10° 10° 10° 10°			State	Zi	ip Code	2		
3	Date of Birth Sex Month Day Year	Unlicensed No. o	f pants	Public Property		Date of Mont	of Birth Day	Year	Unlicensed	Inlicensed No. of Occupar		Public Property				
}	Name-exactly as printed on registration	Sex	Date o		d 🔲	Name	⊢exactly as	printed on reg	istration		Sex	Date of Month		2		
	Address (Include Number & Street)	Apt. I	122	2550	Released	Addre	ss (Include	Number & Stre	eet)		Apt. No.	59	Release			
4	City or Town	State	Code	Code		City o	r Town				State	Code Zip Code		2		
- 50	Plate Number State of Reg. Vehi	cle Year & Make	Vehicle T	-	Ins. Code	•	Number	State	of Reg. Ve	ehicle Year & Ma		Vehicle Typ	pe Ins. Code			
5	Ticket/Arrest	cie real & Make	verlicie i	уре	ins. code	92279008	Arrest	State	of Reg. Ve	enicie rear & Ma	ĸe .	venicie i y	pe ins. code	_		
	Number(s) Violation				Number(s) Violation											
	Section(s) Check if involved vehicle is:	Che	eck if involve	ed vehicle	e is:	Section	N/	ircle the diag	gram belo	w that describe	es the ac	ccident, or	draw your own	2		
6	☐ more than 95 inches wide; V☐ more than 34 feet long; E☐ operated with an overweight pen	V D	more than 95 more than 34 operated wit	4 feet long	g;	permit,	Re	agram in spa ar End	Left Turn	umber the vehicles. Right Angle Right		ght Turn Head On		+		
8	H		verated wit	h an over			1.	deswipe	3.	⊢ ↓	5. Right	7.	ideswipe	2		
7	C Box 1 Point of Impact L Box 2 Most Damage		Point of Most Da			1		ime direction)	o. 🕏		6. A	★ (c	opposite direction)		
Ç.	Enter up to three more Damage Codes 3 4	5 E Ent	er up to thre re Damage	ee Codes	3	4	5 AC	CIDENT DI	AGRAM							
	Vehicle By Towed:	Veh					l _T	here is no	accident	diagram				1		
	VEHICLE DAMAGE CODING:	3 /	4	5		6	7	nere is no	accident	diagram						
	1 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEN	IOUSHED .	1		1	1	8									
	15. TRAILER 18. NO	DAMAGE	\	13	.		9.	net of renai	rs to any	one vehicle v	vill he m	ore than	\$1000	2		
	16. OVERTURNED 19. OTH	1 V	12	11		10	9			le to Determ		Yes		1		
	Reference Marker Coordinates (if av Latitude/Northing	0	e Where A ty WARR		t Occu		City 🗆 V	′illage □ To	own of	GLENS FA	LLS, C	ITY OF				
	Lautude/Noturing		on which ac		curred 1						Manay			2		
			intersecting	street JA	AY ST				AND 1200 SEC	lumber or Street						
	Longitude/Easting	y: or 2)				S W o	f		Attornover					ľ		
	Accident Description/Officer's Notes	L L	Feet N	Miles				(Milepos	t, Nearest in	tersecting Route	Number o	r Street Nan	ne)	30		
														CO SH		
														1		
	8 9 10	11 12	13 14	15	16 1	7 B	Y TO	O 18	To the second	Names of all in	volved		Date of Deat	100		
A B			-													
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D																
E		-+														
	fficer's Rank		Bad	ige/ID No	o. NCI	C No.	Precinct/			eviewing		Date	/Time Review	ed		
Pr	rint Name Full JOHN P NORTON	-	34	78	050	501	PT15	ne Sector	Of	ficer LOVELAC	E. SH	AW 12/0	01/2015 08	:00		