



**Human Performance Factual Report Attachment**

**Police Accident Report, November 30, 2015**

**Schoharie, NY**

**HWY19MH001**

(4 pages)

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV 104A (6/04)

Local Codes  
OSST1152GN3P

**AMENDED REPORT**

DMV COPY

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1 Accident Date: Month 11, Day 30, Year 2015. Day of Week: Mon. Military Time: 09:26. No. of Vehicles: 3. No. Injured: 2. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos:  Yes  No. Accident Reconstructed: .

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2 VEHICLE 1: Driver License ID Number [redacted], State of Lic. NY, Driver Name LISINICCHIA, SCOTT T, Address [redacted], City or Town GLENS FALLS, State NY, Zip Code 12801. VEHICLE 2:  VEHICLE 2 - Driver License ID Number [redacted], State of Lic. NY, Driver Name NIMS, CHAD E, Address [redacted], City or Town FT EDWARD, State NY, Zip Code 12828.

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3 Date of Birth: LISINICCHIA, SCOTT T (M, 1965, 2 occupants) and NIMS outdoor service inc. (C, 1965, 1 occupant). Sex, Unlicensed, No. of Occupants, Public Property Damaged.

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4 City or Town: LISINICCHIA, SCOTT T (GLENS FALLS, NY, 12801) and NIMS outdoor service inc. (FT EDWARD, NY, 12828).

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5 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code. LISINICCHIA, SCOTT T (2003 FORD SUBN, 274) and NIMS outdoor service inc. (2007 CADI SUBN, 316).

6 Ticket/Arrest Number(s) BE5971615. Violation Section(s) 1142A.

7 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.

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8 VEHICLE 1 DAMAGE CODES: Box 1 Point of Impact 1, Box 2 Most Damage 1. VEHICLE 2 DAMAGE CODES: Box 1 Point of Impact 5, Box 2 Most Damage 16. Vehicle By URE COLLISION, Towed To URE COLLISION. Vehicle By CLARKS, Towed To CLARKS.

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9 ACCIDENT DIAGRAM: There is no accident diagram. Cost of repairs to any one vehicle will be more than \$1000.  Unknown/Unable to Determine  Yes  No.

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10 Place Where Accident Occurred: County WARR, City GLENS FALLS, CITY OF. Road on which accident occurred WARREN ST at 1) intersecting street JAY ST.

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11 Accident Description/Officer's Notes: Driver of vehicle # 1 failed to yield right of way at a stop sign as he was attempting to turn left onto Warren street from Jay street. Driver of vehicle # 2 attempted to avoid the collision by swerving away from vehicle # 1. Vehicle # 1 struck vehicle # 2 hard enough to cause that vehicle to roll and skid on it's side into vehicle # 3. - WITNESS 1 FERRIS, GARY [redacted]

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ALL INVOLVED

| A  | B | C | D | E  | F | 8 | 9  | 10 | 11   | 12   | 13 | 14 | 15 | 16 | 17 | BY | TO | 18 | Names of all involved | Date of Death Only |
|----|---|---|---|----|---|---|----|----|------|------|----|----|----|----|----|----|----|----|-----------------------|--------------------|
| 01 | 1 | 4 | 1 | 50 | M | - | -  | -  | -    | -    | -  | -  | -  | -  | -  | -  | -  | -  | LISINICCHIA, SCOTT T  |                    |
| 02 | 1 | A | 1 | 31 | M | 6 | 12 | 6  | 9993 | 5601 |    |    |    |    |    |    |    |    | NIMS, CHAD E          |                    |
| 03 | 1 | - | - | X  | U | - | -  | -  |      |      |    |    |    |    |    |    |    |    | PARKED,               |                    |
| 01 | 3 | 4 | 1 | 50 | F | 1 | 4  | 6  |      |      |    |    |    |    |    |    |    |    | LISINICCHIA, KIM G    |                    |

USE COVER SHEET  
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12 Officer's Rank and Signature: PO JOHN P NORTON. Badge/ID No. 3478. NCIC No. 05601. Precinct/Post Troop/Zone PT15. Station/Beat/Sector 3. Reviewing Officer LOVELACE, SHAW. Date/Time Reviewed 12/01/2015 08:00.

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
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**AMENDED REPORT**

1 Accident Date: Month 11, Day 30, Year 2015; Day of Week Mon; Military Time 09:26; No. of Vehicles 3; No. Injured 2; No. Killed 0; Not Investigated at Scene ; Left Scene ; Police Photos  Yes  No; Accident Reconstructed

2 VEHICLE 1: State of Lic. [blank]; VEHICLE 2: State of Lic. [blank]; Driver Name - exactly as printed on license: PARKED, [blank]; Address (Include Number & Street): [blank]; Apt. No.: [blank]; City or Town: [blank]; State: [blank]; Zip Code: [blank]

3 Date of Birth: Month [blank], Day [blank], Year [blank]; Sex U; Unlicensed ; No. of Occupants 0; Public Property Damaged ; Name - exactly as printed on registration: dickenson, kelly s; Sex F; Date of Birth: Month [blank], Day [blank], Year [blank]; Address (Include Number & Street): [blank]; Apt. No.: [blank]; Haz. Mat. Code: [blank]; Released

4 City or Town: FT EDWARD; State: NY; Zip Code: 12828; Plate Number: [blank]; State of Reg. NY; Vehicle Year & Make: 2003 HOND; Vehicle Type: 4DSD; Ins. Code: 328

5 Ticket/Arrest Number(s): [blank]; Violation Section(s): [blank]

6 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 10, Box 2 Most Damage 10; Enter up to three more Damage Codes: 3, 4, 5; Vehicle Towed: By OWNER REQUEST To OWNER REQUEST. VEHICLE 2 DAMAGE CODES: Box 1 Point of Impact 1, Box 2 Most Damage 2; Enter up to three more Damage Codes: 3, 4, 5; Vehicle Towed: To [blank]. ACCIDENT DIAGRAM: There is no accident diagram.

7 VEHICLE DAMAGE CODING: 1 13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000.  Unknown/Unable to Determine  Yes  No

8 Reference Marker: [blank]; Coordinates (if available): Latitude/Northing: [blank]; Longitude/Easting: [blank]; Place Where Accident Occurred: County WARR; City Village Town of GLENS FALLS, CITY OF; Road on which accident occurred WARREN ST; at 1) intersecting street JAY ST; or 2) [blank] of [blank] of [blank]; (Milepost, Nearest intersecting Route Number or Street Name)

9 Accident Description/Officer's Notes: [blank]

ALL INVOLVED

|   | 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: PO JOHN P NORTON; Badge/ID No.: 3478; NCIC No.: 05601; Precinct/Post Troop/Zone: PT15; Station/Beat/Sector: 3; Reviewing Officer: LOVELACE, SHAW; Date/Time Reviewed: 12/01/2015 08:00

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USE COVER SHEET  
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|   |               |     |             |               |                 |             |            |  |   |   |    |
|---|---------------|-----|-------------|---------------|-----------------|-------------|------------|--|---|---|----|
| 1 | Accident Date |     | Day of Week | Military Time | No. of Vehicles | No. Injured | No. Killed | Not Investigated at Scene <input type="checkbox"/> | Left Scene <input type="checkbox"/>             | Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 20 |
|   | Month         | Day | Year        | Mon           | 09:26           | 3           | 2          | 0  | Accident Reconstructed <input type="checkbox"/> | <input type="checkbox"/>  |    |

|   |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |                  |  |  |  |  |    |
|---|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|------------------|--|--|--|--|----|
| 2 | VEHICLE 1                                   |  |  |  |  | VEHICLE 2                                   |  |  |  |  | BICYCLIST                                   |  |  |  |  | PEDESTRIAN                                  |  |  |  |  | OTHER PEDESTRIAN |  |  |  |  | 21 |
|   | State of Lic.                               |  |  |  |  | State of Lic.                               |  |  |  |  | State of Lic.                               |  |  |  |  | State of Lic.                               |  |  |  |  |                  |  |  |  |  |    |
|   | Driver Name - exactly as printed on license |  |  |  |  | Driver Name - exactly as printed on license |  |  |  |  | Driver Name - exactly as printed on license |  |  |  |  | Driver Name - exactly as printed on license |  |  |  |  |                  |  |  |  |  |    |
|   | Address (Include Number & Street)           |  |  |  |  | Address (Include Number & Street)           |  |  |  |  | Address (Include Number & Street)           |  |  |  |  | Address (Include Number & Street)           |  |  |  |  |                  |  |  |  |  |    |

|   |               |     |                                     |                  |  |               |     |                                     |                  |  |    |
|---|---------------|-----|-------------------------------------|------------------|--|---------------|-----|-------------------------------------|------------------|--|----|
| 3 | Date of Birth | Sex | Unlicensed <input type="checkbox"/> | No. of Occupants | Public Property Damaged <input type="checkbox"/> | Date of Birth | Sex | Unlicensed <input type="checkbox"/> | No. of Occupants | Public Property Damaged <input type="checkbox"/> | 23 |
|   | Month         | Day | Year                                |                  |  | Month         | Day | Year                                |                  |  |    |

|   |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |   |  |  |  |  |    |
|---|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|----|
| 4 | Name - exactly as printed on registration |  |  |  |  | Name - exactly as printed on registration |  |  |  |  | Name - exactly as printed on registration |  |  |  |  | Name - exactly as printed on registration |  |  |  |  | 24 |
|   | Address (Include Number & Street)         |  |  |  |  | Address (Include Number & Street)         |  |  |  |  | Address (Include Number & Street)         |  |  |  |  | Address (Include Number & Street)         |  |  |  |  |    |

|   |                         |                         |    |
|---|-------------------------|-------------------------|----|
| 5 | Ticket/Arrest Number(s) | Ticket/Arrest Number(s) | 25 |
|   | Violation Section(s)    | Violation Section(s)    |    |

|   |   |   |  |  |  |  |  |  |  |  |    |
|---|---|---|--|--|--|--|--|--|--|--|----|
| 6 | 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 |
|   | <input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit. | <input type="checkbox"/> more than 95 inches wide;<br><input type="checkbox"/> more than 34 feet long;<br><input type="checkbox"/> operated with an overweight permit;<br><input type="checkbox"/> operated with an overdimension permit. | Rear End<br>Left Turn<br>Right Angle<br>Right Turn<br>Head On<br>Sideswipe (same direction)<br>Left Turn<br>Right Turn<br>Sideswipe (opposite direction) |  |  |  |  |  |  |  |    |

|   |                        |                   |   |   |                        |                   |   |   |                              |  |  |  |    |
|---|------------------------|-------------------|---|---|------------------------|-------------------|---|---|------------------------------|--|--|--|----|
| 7 | VEHICLE 1 DAMAGE CODES |                   |   |   | VEHICLE 2 DAMAGE CODES |                   |   |   | ACCIDENT DIAGRAM             |  |  |  | 27 |
|   | Box 1 Point of Impact  | Box 2 Most Damage | 1 | 2 | Box 1 Point of Impact  | Box 2 Most Damage | 1 | 2 | There is no accident diagram |  |  |  |    |

|                  |                            |   |    |
|------------------|----------------------------|---|----|
| Reference Marker | Coordinates (if available) | Place Where Accident Occurred:  | 28 |
|                  | Latitude/Northing:         | County WARR City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of GLENS FALLS, CITY OF |    |

|                                      |  |    |
|--------------------------------------|--|----|
| Accident Description/Officer's Notes | Cost of repairs to any one vehicle will be more than \$1000.   | 29 |
|                                      | <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |

|   | 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 | Badge/ID No. | NCIC No. | Precinct/Post Troop/Zone | Station/Beat/Sector | Reviewing Officer | Date/Time Reviewed |
| PO JOHN P NORTON             | 3478         | 05601    | PT15                     | 3                   | LOVELACE, SHAW    | 12/01/2015 08:00   |

USE COVER SHEET  
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