		Page 1	of 4	4 Pages							artment										
			112608 2B44G		AME	NDED	REPO				1DEN 4A (6/0		EΡ	ORT							19 X
1	Assis	lent Date	20110						No. of	- I.	No. Injure	- N- 1/	المالا	Not Inves	tigated at	Scene		Left Scen	e I Pol	lice Photos	3 20
-		fonth	Day 28	Year 2023	Day of	JRDAY	Military T		Vehicle	es l'	3		S		Reconstruc	2011				Yes N	
Local	0 24 0 T 1/3	1	20	VEHI	1/3/2000 P	INDAI	00.	02			VEHI		Г	BICYCLI		EDESTR		Потн	- Inner	EDESTRIA	
2	VEH	IICLE 1-	Driver	• = 1				- 1	State of		VEHICLE		er er						S	State of Lic.	21
	5122	nse ID Nu							NY		License II			INTER	MATION	AL DL				IT	_ x
		er Name - rinted on		DIAZ BA	EZ, H	ARLY	N				Driver Na as printec			VALER	O TORR	ES, C	HRI	STOPH	IER (GESU	^
	Add	ress (Incli	ude Numl	per and Street)					Ар	t. No.	Address	Include N	Numbe	er and Str	eet)					Apt. No	о.
	3	т.	to a vasa se			01-1-		7:- 0			City or To					State		7:-	n Codo		22
3		or Town ONX				State NY	104	Zip Cod 67	е		DULUT					GA		3009	p Code 6		Х
1		of Birth	/ Yea	Sex L	Inlicensed	No. of	Occupants	Publ	lic		Date of Birt Month	h Day	Year	Sex	Unlicense	ed No.	of Oc	cupants	Publi		1
Switte		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	M			01		naged					M]	15		Dama		23
100	Name	e - exactly a	as printed o	on registration		Sex	Date of Month		Ye	ear	Name - exa	ctly as pri	nted or	n registratio	ו	Se		Date of B Month	Birth Day	Year	3
5	1			G AND RE	NTAL,	С					LBF M'						С				
5		ess (Include 75 MOF		and Street)		Apt. N	o. Haz. Mat. Code	_	¦ Re	leased	Address (Ir	iclude Nun	nber ar	nd Street)		Apt	. No.	Haz. Mat. Code		Releas	24
	City	or Town				State		Zip Code			City or Tow					State		* Zip	Code	Law E	7
5		ADING	- Ic	tate of Reg. Ve	hicle Year 8	PA	196 Vehicle		line (HELENZ Plate Numb		TQ+c	ate of Reg.	Vehicle Yea	MT ar & Make		5960 Vehicle Ty		Ins. Code	
1		5377	3		021 FF		DELV		26		59378		016	MT	2013			BUS	, ,	989	
		et/Arrest									Ticket/Arre Number(s)										25
6	Viola	ber(s)									Violation										1
2	Secti	ion(s)		3		1 101					Section(s)										
	- I	heck if in more t		ches wide;		**********	ck if involumore than			э;					that descr		accid	ent, or dr	aw you	ir own	
	E	more t	han 34 fe	et long;			more than	34 fee	t long;			Rear		Left,	SANS TV ZBOOMS		Right	Turn H	lead On		-
7	 -	_ '		n overweight p			operated					1.		⊢ _{3.} ¥	*	J.	5.	7	_	-	26
4	c			n overdimension		-	operated VEHICLE					Sider (sam	swipe ne direct	tion) Left T	um _	_	Right		Sideswip opposite		1
		Sox 1 - Po					1 - Point 2 - Most			111	1 2	2.	*	- 10,	N 4.		6. 7	6			10
	E	Box 2 - Mo Inter up to	three	3		5 Ente	er up to th	ree	3		1 5	ACCIDE	ENT D	IAGRAM						3 <u>45</u> 6	27
	1 -	nore dama /ehicle By				-	e damage iicle By: I		17			0		1	page (o	- M	17 104	ń fo	n the	1
				P B HQ			ved To:			Q				t dia		JI CII	e M	V-1041	A IO	1 che	
	VE	EHICLE DA	MAGE CO	DING:		3	4	$\overline{}$	5	•	7										N I
	1-	13 SEE DIA						1	13			9.									28
		15. TRA	LER	17. DEMO 18. NO DA	MAGE	2 Mary and	ves of et		13			Cost of	repair	s to any o	ne vehicle	will be m	ore th	nan \$1000).	18. FRAS	1
		16. OVE	RTURNED	19. OTHE	K	notab of	12	12	11	10	9	U	nknow	vn/Unable	to determine	ne /	V	Yes	BASICE	No	
	R	eference	Marker	Coordinates	(if availat	ole) P	lace Whe	re Acci	dent Oc	curred	iantoso (deskip	A ma	diff con	(establ	avs ti) ze	alanit	Coor	reunst/	laonarere!	(A)
	3	; 7	7	Latitude/Nor		(County S	ST LA	WREN	CE		City [□ ∨	'illage 🔽	Town	of L	OUI	SVILL	E		29
		<u> </u>		4972096		F	Road on w	hich acc	cident o	ccurred	STA	TE RO	OUTE	37		/Pouts	Num	ber or Stree	ot Name	- (-	
	7	; 5 () 2	Longitude/Ea	asting		at 1) inter	secting	street			iganie de	ul descrip	sing (1 to							
	1	5 5	5 1	495338		0	r 2)		.5		N 🗌 S	of C	COUN	ITY RO	JTE 14	(Route (CR)	Num	ber or Stree	et Name	;)	
	1	, ,	isms# h	de consideration	MIN CARD		fee	et	miles		EV	ν –	(Mile	epost, Near	est intersecti	ng Route I	Numbe	er or Street	Name)		
				Officer's notes	,				77'								oron :	ehsoillOh			30
	Ca	use o	f col.	lision to	be c	leterm	uned .	ру Сс	ollis	ion	Recon	struc	t10	n Unit	inves	tigat	clor	n.			_
							- 10		4-	40	47.0	V									
A	8 A 1	9		4	11	12	13 M	10	15 15	16	17 B	¥ 843	Λ	405	DIAZ	RAF7	μл	RIV M		0	8
- 1	A 1			A A	1	36	M	-	_	-	a	- 15	4	100	VALERO				_	The second second second	
	-			1 A	1	37	M	_		_		- 10 pr	111	174	MARTIN						
N				1	3		M		05	1		CU	3.0		HERDAN					/28/20	23
٧	8				100750	25		01											_	/28/20	
2	E 2		2000	1 401 МА	3	35	M	01	01	1					AGUIRE					- X	14
Ž.	Office	7 er's Rank		1	1	44	М	01 Badge/I	0.5 D.No	1 NCIC	No.	Precint/	Post	Station/E	MARTIN	viewing				/28/20 me Reviev	
E	and S	ignature	TPR	10		- ~	129	Jauge/II	J 140.	14010		Troop/Z		Sector				BRAD 2			Wed :
	Print Full	Name in	JORI	OAN A WIN	ITERS			193		144	06	В2		52	11.1	-14COTI	.,		00:2		1000
l						1	A CONTRACTOR		9191		A Part of the Part										-

	Page		4 Pages						CONTRACTOR IN CO.	artment o									
	Local	Codes 11260	819			P)LI					ΕP	ORT						
			GCH7QC	\square AM	ENDE	REPC	RT	ľ	MV-104	1A (6/04	1)								
Acc	cident Date				f Week	Military		No. of	I _N	o. Injured	I No K	illed	Not Inve	stigated	at Scene		eft Scene	Police Ph	otos
7.0	Month 1	Day 28	Year 2023		URDAY		:02	Vehicl	es	3	6		Accident	Recons	tructed	-		✓ Yes	No
			VEH	IICLE		10.71.2304				VEHIC	CLE		BICYCL	IST [PEDES	STRIAN	ОТНЕ	R PEDES	TRIAN
VE	EHICLE Cense ID							State of		/EHICLE								State o	f Lic.
		e - exactly							C	river Nar	те - еха	ctly							
		n license								s printed				200					
		clude Nun	nber and Stree					A	at. No F	(daress	include i	vumb	er and St					A	pt No.
3	ity or Tow	n e			State		Zip Co	de	C	City or To	wn.				St	ate	Zip	Code	
la	te of Birth		Sex	Unlicense	d No.o	f Occupant	e Pu	iblia	O	ate of Birti	1	3.45	Sex	Unito	ensed	No. of Oct	upants	Public	
N	vionth F		ar.				Pn	operty maged		Month	Day	Year						Property Damaged	
選の日間	me » exact	y as printed	on registration		Sex		of Birth		ear I	lame - exa	clly as pri	nted or	n registratio	n		Sex	Date of Bir Month		'ear
						Mont	h Day		dal										
		ide Numbei	and Street)	244	Apt. I	vo. Hazi Mat		R	eleased A	vddress (in	clude Nun	nber ar	nd Street)			Apt. No.	Haz. Mai. Code	1 R	eleased
	ty or Town				State	Code	Zip Cod	ie i	C	City or Town	1				SI	ate	Zip (Code	
												lou	De ed Dec	Liverson	Venne 9 M	de a	Vahicle Typ	Line	Code
			State of Reg. V	enicle Year	r & Make	Venici	е Туре	ins.	Code P	late Numb		lor	ate of Reg.	Veriliae	Year & M	16	venice typ	1 118	
	cket/Arrest								7	Ticket/Arret	it.								
	umber(s)								COLUMN TO A STATE OF THE STATE	Number(s)									
	action(s)								y	/inlation Section(s)									
/	Imor	involved v e than 95				eck if invo		ches wid	e; .				ram belov ace #9. Nu				ent, or dra	w your own	
Ξ	mor	e than 34			EL	more tha					Rear	End	Left		Right Angle	Right	Turn He	ad On	
1	SELECTION OF THE PERSON NAMED IN				H				ight pern nension (1.		← _{3.}	K	7	5. 3	7.		Land I
Ċ	VE](e)[[=](i)	DAM ANGIE (O)		C C	VERIOR	EME	DAMAG	E(O(O)DE	ATTACK TO A DESCRIPTION OF THE	(sam	ewipe le direc	tion) Left	Tum	-	Right	Turn SH	deswipe oposite direction	on)
L		Point of Im Most Dam				x 1 - Point x 2 - Most			D.	-2	2.	4	- 0,	7	4.	6. 7	8.		s Acroj t
	Enter up	to three	3	4	5 En	ter up to t re damag	hree		3 4	- 5	ACCIDE	ENT D	DIAGRAM					so enemies	Enter
	Vehicle	mage cod By:	" 4.:			hicle By:													oriaV
	Towed	ACCUPANTED A SECON			To	wed To:	4												ewaTj -
		DAMAGE C			3		· />	5	1	7									is re-
			NAGE 17. DEM	IOLISHED	2		- []	13		8	9.			5	Chie	IOMED 1	E 30100	AOS SORIL	K.F
		RAILER /ERTURNE		DAMAGE ER	Montes en	l		\perp					2/				an \$1000.	SPU DISYO	-0.0
			To se i	<i>('f</i> ')	1	Place Wh	2	11	10	9	U	nknov	wn/Unable	to dete	rmine		Yes	No	Doday
_	Reference	e Marker	Coordinate Latitude/No		,	County				. 80	City	Пν	/illage [Town	n of				1 5
	1					Road on				naturano .] 0.0, [rlairte	mage [2696	765		
	. !		50 000000000000000000000000000000000000	MACON .		at 4) into	tin.				the tile or	of the Control	alm of to		(R	oute Numb	er or Street	Name)	7 7
	-		Longitude/I	Easting	N. P. OR P.	at 1) inte	ersecun	y street		n Пs			70 4	-	(R	oute Numb	er or Street	Name)	-
	1		ed was the const	March Law	2821001	or 2)	eet	miles	- H	-	V of –	(Mile	epost, Nea	rest inters	secting Ro	ute Numbe	r or Street N	lame)	1 3
Δ	Accident D	escription	/Officer's note:	s					London							eaton :	theoritOme	diamoged t	Acciden
A	Accident E	escription	/Officer's note:	s aplas														t Description of the oc	
	8	9	10	11	12	13	14	15	16	17 B	Y	ήγ		12	FT		- 10	8	18
	2	7	1	1	29	М	01	0.5	1	9	81.1	0.7	M				O, PE		/2023
	2	7	1	2	45	М	01	05	1			-	1 100				, ALE	2	/2023
	2	7	1 (UA)	2	39	М	01	05	1	- 1			M	LOP	EZ, J	ESUS	LOPEZ	1/28/	/2023
	2	7	1	1	40	М	-	-	-			19.	N	LEO	N, AN	DY VE	RA DE	. 1	
	2	7	1	1	34	М	- 1	-			10	2.50	M	REYE	S NAV	A, AN	OINOT	T	
	2	7	1	1	22	М	-1	-	- 1		30-1	20	M	VEL	ASCO	HERNA	NDEZ,		
	icer's Ra		1	1	1		Badge	/ID No.	NCIC		Precint/ Troop/Z		Station/ Sector	Beat	Review	ing Offic	30	te/Time R	
	d Signatu nt Name	re		Ишпрс	200							one			LINCO	OLN, I	E 1.5 . S 15.53	/10/202	23
		JOF	RDAN A WI	NTERS			193		1440	06	B2		52		7.172 LS		0	0:27	

		Page 3	of . 4	Pages					ork Stat													
		Local Co		1.0			P	OLIC	CE A	CCI	DEN	IT R	EP	ORT								19
			12608			ENDE	D REPC	DT	N	IV-104	1A (6/0	4)										
1	7	SP	2B44GC	H / QC	AlV	CNUCL	KEPU	IKI									T					
		dent Date Month	Day	Year		Week	Military		No. of Vehicle	s N	lo. Injured					at Scene		Left Sce	ene I	Police Ph		20
		1	28	2023		URDAY	06	:02	2	I	3		6		t Recons		CDIAN.		TUED	Yes PEDES		
	SWEET N	IICLE - E	YRVAC-SAST	VEHI	CLE		0.000.000.000	BENEATE S	State of	la N	VEHICLE			BICYCI	191	PEDES	RIAN		INEK	State o		
2		nse ID Nu							State of		icense II											21
		er Name - irinted on li									Driver Na is printed											
	200 Half			er and Street)					Api		Address (er and St	treet)						pt No.	
			,						# 1 E								is disp					22
3	- City	or Town				State		Zip Cod	le,		City or To	wn				Sta	te.		Zip Co	de		
	Date	of Birth nih Day	Year	Sex	Jnlicensec	i No. o	f Occupant		olic		ate of Birt Month	Day.	Year	Sex	Unlic	ensed N	o. of Oc	cupants		ublic		
	IVIO	(III)	100					Dai	perty naged	100	Richard								þ	roperty amaged		00
	50000	e - exactly a	s printed on	registration		Sex	Date Mont	of Birth h Day	Ye		lame - exe	ctly as pr	rinted or	registrati	on	8	ex .	Date of Month	f Birth Da		feat	23
4																	e de la companya de l					
	Addr	ess (Include	Number an	d Street)		Apt. I	No. Haz. Mat. Code		Rel	eased A	kddress (In	clude Nu	mber ar	nd Street)			pt. No.	Haz. Mai. Code		,	eleased:	24
		or Town				State		Zip Code		C	lity or Tow					Sta	6		Zp Cor	le 💮		
5	2.25	Number	İŞta	te of Reg. Ve	hicle Year	& Make	Vehici	е Туре	Ins. C	ode F	late Numb	Pr 18	ISta	ate of Reg	I Vehicle	Year & Mal	e	Vehicle	Type	lins	Code	
		et/Arrest iber(s)									licket/Arre	ıl,										25
6	Viola	ation								,	/iolation											
	100000000000000000000000000000000000000	ion(s) Check if inv	olved veh	icle is:		Ch	eck if invo	lved vel	icle is:		Section(s)	Circle th	e dian	ram helo	w that de	escribes th	e accid	ent or	draw v	vout owr		
	\neg \lor	more th	an 95 Incl	hes wide;		V			hes wide							ne vehicles		,				
7	_ E .	CONTRACTOR OF THE PARTY OF	ian 34 fee ed with an	t long; overweight p	ermit:	E	more that		it iong; overweig	aht perr	nit		rEnd ← 🔫	1	Tum	Right Angle	Right	Tum	Head	On .	•	26
'	1			overdimensi		t			overdim			1.		3.	Turn	+	5. /		7. Sides	wipe		
L		VEHIC Box 1 - Poi		DAMAGE CO	DES 1	2 L Bo	VEHICL x 1 - Poin	NAME OF TAXABLE PARTY.	DAMAGE ct	(COD)=	8 2	(san	ne direct	tion)	-	-	TO SHE	-	(oppo	site directi	on)	. 1
	E	30x 2 - Mos	st Damage			E Bo	x 2 - Most	Damag		0		ACCID	ENT D	IAGRAM		4	16. 7		10.			27
		inter up to nore dama		3	4		ter up to t ire damag		3	4		ACCID	LIVI	IAONAIV								
	100	vehicle By:				10000	hicle By:															
	100	Towed To: EHICLE DAI	CONTRACTOR	ING:			wed To:	4	5	6	7											10
	1-	13 SEE DIA	GRAM ON I	RIGHT.					1			9.										
		14. UNDE 15. TRAIL		3E 17. DEMO 18. NO DA		2	·	- (13		8		repair	s to any	one vehi	cle will be	more th	an \$10	00.			28
		16. OVER		19. OTHE		1	<u> </u>			10	9			vn/Unable				Yes		□No		
	R	Reference N	Marker	Coordinates	(if availa	able)	Place Wh	ere Acc	ident Oc													
		-		Latitude/Nor	thing		County	ST LA	AWRENC	CE		City		illage [Tow	n of						
		1					Road on	which ac	cident oc	curred						(D-	N	04	NI-			29
		1		Longitude/Ea	asting		at 1) inte	ersecting	street									ber or Sti			11 a	
		1					or 2)			- []	N 🔲 S	of				(Rou	ite Numi	ber or Sti	reet Na	ime)		
		i					fe	eet	miles		E V		(Mile	epost, Nea	arest inters	secting Rout	e Numbe	er or Stre	et Nan	ne)		
	Acc	cident Des	cription/Of	ficer's notes																		30
^	8	3 9		10	11	12	13	14	15	16	17 B	Y										_
L	A 2	7		1	1	33	М	-	-	-					LOPE	Z DIAZ	, Al	тоиі	0			
L	B 2	7		1	1	46	М	-	-	-					JIME	NEZ LO	PEZ,	BAI	T			
1	c 2	7		1	1	35	М	04	05	6	a-8	345	4	405	LOPE	Z-RODF	RIGUE	EZ, č	JO	•		
N V	D 2	7		1	1	32	М	01	05	2	a-3	141	4	406	RODE	IGUEZ-	REYE	ES, C	JO			
0	E																					
V	F	ario D								TNA:			(D	lot-1:	(D 1	I D.	065					
E		er's Rank Signature	TPR		0	1	رح	Badge/	ID No.	NCIC		Precint Troop/2		Station. Sector	/Beat	Reviewin	•			/Time R		1
-	Print Full	Name in	JORDA	AN A WIN	TERS	1		193		1440	06	В2		52		LINCO	ן יאזר	PIVAD	00:		2.0	
							Market Land			1												

Page 4 of 4 Pages

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

Local Codes 11260819

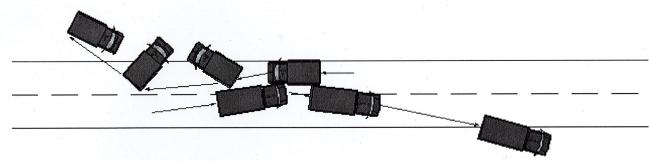
SP2B44GCH7QC

MV-104A (6/04)

AMENDED REPORT

							and the second second				
Accident Date			Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene		Left Scene	Police Photos
Month 1	Day 28	Year 2023	SATURDAY	06:02	Vehicles 2	3	6	Accident Reconstructed	V		Yes No





STATE ROUTE 37

Not To Scale

TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

	Local Codes 11260819	13 00-01-91		V-104S (10/05)	alaa Aaaida	nt Dooords	Duragu	
	SP2B44GCH7QC	AMENDED REPORT	Mail To: NYS De PO Box	pt. of Motor Vehi 2084, Albany NY	12220-0084	nt Records	s Bureau,	,
	INSTRUCTIONS: You must complete this for if at least one of the vehicles involved is a truck having a GVWR or GCWR > 10, a vehicle with a Haz Mat placard; or a bus designed to carry 9 or more perso. ◆ AND at least one of the following condition at least one person sustained fatal injurical least one person was transported for treatment at least one vehicle is disabled and was	000 lbs.; or ns including the driver ns is met: es MMEDIATE medical	vehicles wi	ing a GVWR > 10,000 lbs. th a Haz Mat gned to carry 9	Number of 6 Sust	ed/transport e due to da f Persons: aining fatal sported for	mage injuries IMMEDIATE	
	Scene.	COUNTY ST LAWRENCE	У	CITY/TOWN/VILL	_AGE	cal treatme	Scene NCOIDENT DA Mo. Day 1* Vg	
DRIVER	DRIVER LICENSE ID # DRIVER NAME - exactly as printed on license DIAZ BAEZ, HARLY N	se (Last, First, M.I.)	St WTD	1 T A M	A B S	STA	TE OF LIC.	
1 4	LICENSE CLASS 1 A 2 B 3	CDL C 4 MJ 9		5 DJ M 10 DM	TE OF BIRTI		SEX 1 Male 2 Female	, 7
CARRIER	AERO GLOBAL LOGISTICS STREET OR P.O. BOX 2983 SOUTH PLEASANT VAL	CITY WINC	HESTER	STATE VA	ZIP COD 22601		OTAL AXLES Includes trailers)	8 2
2 Y	PLATE NUMBER STATE OF TRUCK POWER U	DF REG. CARRIER'S US DOT 2	IDENTIFICATION N			BER	LATE NUMB 1933871 WEIGHT R	
2	1 Less thank or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More	than 26,000 lbs. 3	ALAC	W F C 1	M D M		2 9 7	9
2	1 Bus (seats for more than 15 people, includi 2 Single-unit Truck: (2-axle, 6-tire) 3 Single-unit Truck: (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles	9 Unknown Hi 10 Passenger Hazardous Ma 11 Light truck vehicle) only r	eany Truck, cannot cl Car - only record wh	en vehicle display I, pickup, sport util lisplays a HM plac	1 Tw 2 tw unpi 3 Tw med ard 4 Or	AFFIC WA yo-way, not o-way, divid rotected me yo-way, divid lian barrier ne way not out ot reported	divided led dian ded, positive	1
2	1 Bus (seats for more than 15 perople, includ 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump	CARGO BODY TYPE ing driver) 6 Concrete 7 Auto Trar 8 Garbage	nsporter 11 Po /Refuse 12 Bo	rain, Chips, Grave ble us (seats for 9-15 ding driver)	people, 2	ACCESS CO No Acces Full Acces Partial Ac	s Control	10
5 2	HAZARDOUS MATERIALS INVOLVEME Does vehicle have Haz Mat placard? 1 Yes		SEQUENCE O	F EVENTS (FOR	THIS VEHIC	LE) AM SI	MAZARDOU Does vehicle h	11 9
87	COPY FROM PLACARD: 4-digit identificaiton number from diamond/orange panel bottom of diam	nber from 2 Jackknife (non 3 Overturn/Rollo 4 Downhill Runa 5 Cargo Loss or	collision) ver (noncollision) way (noncollision) Shift (noncollision)	14 lr 18 C 19 E (t	quipment Fa orake failure,	d Object (co /Centerline ilure (nonco blown tires,	ollision) (noncollision) ollision)	13
	NAME OF HAZ MAT CLASS:		ire (noncollision) Units (noncollision) estrian (collision)	21 U	ther (noncoll Inknown (nor Vith Work Zo	ncollision)	ance	14
6 2	WAS HAZARDOUS CARGO RELEASED FF VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No	ROM 10 Involving Par 11 Involving Trai	or Vehicle in Transport ked Motor Vehicle (co in (collision) dalcycle (collision)	ollision) 23 V 24 V	quipment (co Vith Other Mo Vtih Unknowi collision)	ovable Obje		1,
	OFFICER'S RANK AND SIGNATURE TROOPER		BADGE/ID NO.	NCIC NO.	CNATURE TROOPER	DATE OF	REPORT	
	PRINT NAME IN FULL JORDAN A WINTE.	RS NOT	193	14406	IW A MAC	1/28/20	023	0

Pages

Page 1

TRUCK and BUS SUPPLEMENTAL

Pages Local Codes 11260819



POLICE ACCIDENT REPORT

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,

	SPZB44GCH/QC	LNDLD KLFOKT	PO Bo	x 2084, Albany NY	12220-0084		
	 INSTRUCTIONS: You must complete this form: ♦ if at least one of the vehicles involved is a truck having a GVWR or GCWR > 10,000 lbs.; or a vehicle with a Haz Mat placard; or a bus designed to carry 9 or more persons including 			aving a GVWR > 10,000 lbs.	Number of Vehic 2 Towed/trans scene due t	sported from o damage	
	 ◆ AND at least one of the following conditions is met: at least one person sustained fatal injuries at least one person was transported for IMMEDIAT treatment at least one vehicle is disabled and was towed/transported 		placard 1 Buses de	with a Haz Mat	6 Sustaining f	atal injuries	
	Scene. ACCIDENT DATE MILITARY TIME COUN Mo. Day Year		or more p	CITY/TOWN/VILI		atment	
DRIVER	DRIVER LICENSE ID # I N T E R N A T I	للوائد والمتالي المتعلق المتاليا والمتاليا	DL	LOUISVILLE,		STATE OF LIC.	133
1	DRIVER NAME - exactly as printed on license (Last, F) VALERO TORRES, CHRISTOPHER GESUS LICENSE CLASS		(1.84.)		TE OF BIRTH	SEX	7
9	1 A 2 B 3 CDL C 6 E 7 M 8 MJ CARRIER NAME:	4 D 9 C	THER	5 DJ M 10 DM	_	1 Male 2 Female	1
CARRIER	STREET OR P.O. BOX 302 N LAST CHANCE STE40	CITY HELEN	A	STATE MT	ZIP CODE 59601	TOTAL AXLES (Includes trailers)	8 2
2	PLATE NUMBER STATE OF REG. 593787B MT WEIGHT RATING OF TRUCK POWER UNIT	CARRIER'S I US DOT 3	7 7 3 0	NUMBERS 7 5 CC HICLE IDENTIFICA		RESERVED OF THE	1.60
1	1 Less thank or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,00		G B 6 G	5 B G 2	D 1 1 5	6 7 5 3	
3	1 Bus (seats for more than 15 people, including driver) 2 Single-unit Truck: (2-axle, 6-tire) 3 Single-unit Truck: (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles	10 Passenger C Hazardous Mate 11 Light truck (v vehicle) only rec	any Truck, cannot o Car - only record wi erial placard van, mini-van, pane	hen vehicle display el, pickup, sport util displays a HM plac	2 two-way, unprotected 3 Two-way, median ban	not divided divided I median divided, positive rier not divided	9 1
4 1	Dance of the control	GO BODY TYPE 6 Concrete M 7 Auto Trans 8 Garbage/R 9 Other	porter 11 F lefuse 12 E	Grain, Chips, Grave Pole Bus (seats for 9-15 uding driver)	1 No Ac	s CONTROL ccess Control ccess Control l Access Control	10 1
5 2	HAZARDOUS MATERIALS INVOLVEMENT Does vehicle have Haz Mat placard? 1 Yes 2 No	4 Day Off Days ()		OF EVENTS (FOR	THIS VEHICLE)	HAZAROÖUS N Doss vētidie have	11 9
	COPY FROM PLACARD: 4-digit identification number from diamond/orange panel	1 Ran Off Road (n 2 Jackknife (nonco 3 Overturn/Rollove 4 Downhill Runaw 5 Cargo Loss or S	ollision) er (noncollision) ay (noncollision)	14 In 18 C 19 E	volving Arimal (colli volving Fixed Object ross Median/Centerl quipment Failure (no rake failure, blown t	t (collision) line (noncollision) oncollision)	13
	NAME OF HAZ MAT CLASS:	6 Explosion or Fire 7 Separation of Ur 8 Involving Pedest	nits (noncollision)	21 U 22 W	ther (noncollision) nknown (noncollisio /ith Work Zone Mair		14
6 2	WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No	9 Involving Motor \ 10 Involving Parke 11 Involving Train 12 Involving Peda	ed Motor Vehicle (c (collision)	collision) 23 W 24 W	quipment (collision) /ith Other Movable (/tih Unknown Movat ollision)		٠,
	OFFICER'S RANK AND SIGNATURE TROOPER	-,,,	BADGE/ID NO.	NCIC NO.	DATE	OF REPORT	
	PRINT NAME IN FULL JORDAN A WINTERS	597	193	14406	1/28	/2023	



Additional Information

SIGN

HERE

Officer's Rank and Signature

TROOPER

Print Name
JORDAN A WINTERS

New York State Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Page

of 3

Pages

Local Code Accident Date	Military T	ime (County		City/Town/Villa	ge	No. Killed	No. Vehicles	Work Related
11260819 Month Day Yr. SP2B44GCH7QC 01 28 2023	06:0	02	ST LAWRE	ICE	LOUISVILL	E, TOWN	6	2	¥Yes ☐ No
Name and Address of Deceased							130	reconstito see	this bon smell
1: HERDANDEZ-GOMEZ, JONATHAN	ECONO	O LODO	GE MASSI	ENA NY 1	3662	003	2023	L 188847-8	BELTHAM : 2
2: AGUIRE TRONCO, JOSE DE JESU	ECONO	O LODO	GE MASSI	ENA NY 1	3662	008			
ACCIDENT DATA								ATÁC	ACCIDENT (
Speed Limit (MPH) Location (Route 55 STATE ROUTE		Name)		,	(Name)	ole or Street	erij neitsoo i ICS Bratt	(H	tM) hmid beed 22
Estimated Speed: Vehicle 1 MPH V Unknown	own Ve	ehicle 2	ali Tili i	MPH	Unknown	Vehicle		мрн [Unknown
Vehicle Model (for example, Mustang or Corvette):	JWII VE	STILCIC Z		IVIFT1	• Officiowii	VCITICIC	U -		aloinav
Vehicle 1 M2	Ve	ehicle 2	EXPRES	SS	elation	Vehicle	detection to Business	ELEUM EIGHISKE	venicie Model (for Vehicle
Roadway Surface:								. 50	eho2 tv whee%
☐ Concrete ✓ Blacktop	Brick	k or Bloc	k	Dirt	Slag		Gravel	Stone	Other
No. of Lanes Roadway Flow: One Way T	raffic		1009		☐ Divided hi	ghway, med	ian strip	Divided highw	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	hway, oth	er barrie	er or barrier t	ype unknow	n Divided III	griway, mea	Idir Strip	Not physically	divided
EMERGENCY MEDICAL SERVICES *			DRMATION	anital autai	de of NYS, give na	mo county	and state of	hat bosnital:	ГУОИЗБРАЙА
Time (Military):	ii the vict	um was	taken to a no	ospilai oulsi	de of N 13, give na	ine, county	and state of t	nat nospital.	
Notified									
Arrived at Scene 06:20	If the vict	tim was	transferred to	o another ho	ospital (after initial	transportation	on), give the i	name, county a	and state of
Arrived at Hospital	that hosp	oital:							
OCCUPANT DATA								ATAM	THEORETTA
and a	A TI	to ea	n/		Type of	Air B	ags	2120	17/8/7////
Name	toteract	Decease Yes/No		Extricated Yes/No**	Extrication Equip. Used	Deployed Yes/No	Not in Vehicle		Point of Vehicle***
v Driver		100/110	Boatin	100/110	JAWS OF	100/110	7 07 110 10		
E DIAZ BAEZ, HARLY N	018	NO		YES	LIFE	NO	YES	01 - FRC	NT LEFT
I Passenger						1			y Passenger
C TANT 3000 A CE STA	où-			DM IC	reo ear			23901 18988	n Longoi T
E Passenger									
1 TARRESON - LI SEY	0И			3W	000		100	OF VERY DE	MA MOZL S
V Driver E VALEDO TORRES CHRISTOPHER CE	· c	NO		NO		YES	NO	11 - DO	OR LEFT
VALERO TORRES, CHRISTOPHER GE I Passenger					********			149,044, 1,61	AM PRYPE .
C MARTINEZ, RAUL ANTHONY	ом - [-]	NO		NO		NO	YES	11 - DO	OR LEFT
E Passenger]			Passange
2 HERDANDEZ-GOMEZ, JONATHAN	ou	YES	07:56	NO	3090	NO	YES	11 - DO	OR LEFT
V Passenger E AGUIRE TRONCO, JOSE DE JESUS	ои]	YES	07:58	NO	ОИ	NO	YES	11 - DO	OR LEFT
Passenger MARTINEZ-PARRA, JESUS	0.0	YES	08:13	NO	OK	NO	YES	11 - DO	OR LEFT
Passenger GALICIA-IGNACIO, PEDRO	OH I	YES	08:04	NO	ОИ	NO	YES	11 - DO	OR LEFT
 * This includes any type of EMS service (for plate number of the ambulances so we can ** To be "extricated", the victim must be pried *** Indicate the first area of the vehicle that wa 	from the	nem: wreckag	e. Unfasteni	ng the seat	belt is not conside	lasinga nsc	ances so we	the name, add	ress and

Badge/ID No Department

14406

193

Precinct/Post Station/Beat/

Sector

Troop/Zone

В2

Date/Time

Reviewed

00:27

2/10/2023

Reviewing

LINCOLN,

Officer

BRAD





POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Vehicle Model (for example, Muslang or Corvette) Vehicle Vehic															r ugo	O.			ugos	
Name and Address of Decessed 1: MARTINEZ-FARRA, JESUS ECONO LODGE MASSENA NY 13662 4: CALICIA-TIONACIO, PEDRO ECONO LODGE MASSENA NY 13662 ACCIDENT DATA Speed Limit (MPH) Seed Limit (MPH)	11260819	, <u>N</u>	Month Day	y Yr.					NCE					No.		N I	_	618		
ACCIDENT DATA		~		2023	00.	02	31	DAWKEI	NCE		10015	11111,	TOWN		-0)2 (10) (10)	22910	A bn	8. G/H	
ACCIDENT DATA Speed Limit (MPH) STATE ROUTE 37 ST					ECON	10 roi	DGE	MASSI	ENA N	Y 136	62									
Speed Limit (MPH)	4: GALICIA	IA-IGNACIO,	, PEDRO		ECON	10 FOI	DGE	MASSI	ENA N	Y 136	62	OMOS	02 03	at a	e 2A	96 - 706/80	97	BIU	ōA :	S
STATE ROUTE 37 STATE ROUTE 37 Vehicle MPH	ACCIDENT	T DATA											~		* ^	AT	AG '	rvec	1100	IΑ
Vehicle	55					Name)	610- 5000 c	ar a later temperature	in the second se		(61	riski isa	ute or Sun UTE 370	921) 110 1281 - 3	PATE		(HSV) hern.	l bas	q8
Vehicle	Vehicle _	MP	et consider on the second		nown V	/ehicle	daka	(8)	MPH	t 📑	Unknow	ndeV	Vehicle	J S		MPH		Un	know	'n
Concrete Blacktop Brick or Block Dirt Slag Gravel Stone Divided highway, median strip Divided highway, gus	Vehicle		tang or Corvette)	rette):	buteV \	/ehicle				1359X	3 5 64	sideV	Vehicle	ang ang ang	om to fa	ARIBURA DIQUE	214) MOON	eloute	3/1/
Divided highway, other barrier or barrier type unknown Divided highway, median strip Not physically divided Not p			Blacktop) e e []	Brid	ck or Blo	ock		D	irt		Slag		Grave	blacid	Stone	1.5067		Othe	r:
Time (Military): Notified 06:02		Roadway Flo	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			her bar	rier oi	r barrier t	ype unk	known	Divid	ed high	way, med	ian stri	ip 🔽			-2	d rail	
Comparison			Time (Military	itary):					ospital d	outside o	of NYS, g	ive nam	e, county	and st	ate of	that hospital	aw y	DMS	prish tealls	
Name Deceased Yes/No Time of Death Extrication Extrication Equip. Used Not in Yes/No Vehicle Initial Point of Impact to Vehicle			06:20	20			s tran	nsferred to	o anoth	er hospi	ital (after	initial tra	ansportatio	on), giv	ve the	name, coun	ty and	state	of	Tie
Name Deceased Yes/No Death Extrication Extrication Extrication Extrication Equip. Used Ves/No Vehicle Impact to Vehicle Impact to Vehicle Ves/No Vehicle Impact to Vehicle Impact to Vehicle	OCCUPAN	NT DATA														ATI	OT	идя	uoo	10
E VAZQUEZ VALDEZ, ALEJANDRO YES 08:07 NO NO YES 11 - DOOR LE Passenger LOPEZ, JESUS LOPEZ YES 08:01 NO NO YES 11 - DOOR LE Passenger LOPEZ, JESUS LOPEZ YES 08:01 NO NO YES 11 - DOOR LE Passenger REYES NAVA, ANTONIO NO NO YES 11 - DOOR LE Passenger VELASCO HERNANDEZ, VICENTE Passenger LOPEZ DIAZ, ANTONIO NO NO NO YES 11 - DOOR LE Passenger LOPEZ DIAZ, ANTONIO NO NO YES 11 - DOOR LE Passenger LOPEZ DIAZ, ANTONIO NO NO YES 11 - DOOR LE Passenger LOPEZ DIAZ, ANTONIO NO NO YES 11 - DOOR LE Passenger LOPEZ DIAZ, DOPEZ, BALTAZAR NO NO NO NO YES 11 - DOOR LE Passenger LOPEZ-RODRIGUEZ, JONATAN NO NO NO YES 11 - DOOR LE Passenger LOPEZ-RODRIGUEZ, JONATAN NO	int of emcle***	Name	ni tasi ni tasi abirtav	upuri il usi bay riaV ov	volgaci Vicey				The Committee of the Co		Extrication	n [Deployed	Not i					**	
C LOPEZ, JESUS LOPEZ Passenger LEPASSENGER LEON, ANDY VERA DE NO	E VAZQUEZ	Z VALDEZ, A	ALEJANDRO	RO	OW.	YE:	S	08:07	NO		OM		NO	YE	S	11 - 1	000R	LEF	T ₁₀) 3 .H
V Passenger E REYES NAVA, ANTONIO NO NO NO NO NO YES 11 - DOOR LE Passenger VELASCO HERNANDEZ, VICENTE NO NO NO NO YES 11 - DOOR LE Passenger LOPEZ DIAZ, ANTONIO NO NO NO NO NO NO YES 11 - DOOR LE Passenger NO NO NO NO NO YES 11 - DOOR LE NO NO NO NO NO NO NO NO NO YES 11 - DOOR LE NO NO NO NO NO YES 11 - DOOR LE NO NO NO NO YES 11 - DOOR LE NO NO NO NO YES 11 - DOOR LE NO NO NO NO YES NO NO NO NO YES NO NO NO YES NO NO NO YES NO NO NO NO YES NO NO NO YES NO NO NO YES NO NO NO NO YES NO NO NO YES NO NO NO NO NO YES NO NO NO NO YES NO NO NO NO NO NO NO NO YES NO	C LOPEZ,	JESUS LOPE	EZ			YE:	s ·	08:01	NO				NO	YE	s	11 - I	000R	LEF	T	10.0
E REYES NAVA, ANTONIO NO NO NO YES 11 - DOOR LE Passenger VELASCO HERNANDEZ, VICENTE NO NO NO NO YES 11 - DOOR LE			DE			NC			NO				NO	YE	S	11 - I	OOOR	LEF	T	
C VELASCO HERNANDEZ, VICENTE NO NO NO YES 11 - DOOR LE E Passenger 2 LOPEZ DIAZ, ANTONIO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO NO NO NO YES 11 - DOOR LE UNCENTRAL NO NO NO NO NO NO NO YES 11 - DOOR LE UNCENTRAL NO	E REYES NA	NAVA, ANTON	NIO		say 	NC)		NO		ОИ		NO	YE	S	911 - I	000R	LEF	T	A SE
2 LOPEZ DIAZ, ANTONIO NO NO NO NO YES 11 - DOOR LE NO Passenger JIMENEZ LOPEZ, BALTAZAR NO NO NO NO YES 11 - DOOR LE NO NO NO YES 11 - DOOR LE NO NO NO NO YES NO NO NO NO NO NO NO NO NO N	C VELASCO) HERNANDEZ	Z, VICENTE	NTE		NC			NO		1.00		NO	YE	S	11 - 1	000R	LEF	T	- 02
E JIMENEZ LOPEZ, BALTAZAR NO NO NO YES 11 - DOOR LE I Passenger C LOPEZ-RODRIGUEZ, JONATAN NO NO YES 11 - DOOR LE E Passenger 2 RODRIGUEZ-REYES, JOSE J NO NO YES 11 - DOOR LE			NIO	Y	014	NC		Service Commence	NO	38:15	0 339		NO	YE	S	11 - 1	OOOR	LEF	Т	-
C LOPEZ-RODRIGUEZ, JONATAN NO NO NO YES 11 - DOOR LE Passenger 2 RODRIGUEZ-REYES, JOSE J NO NO YES 11 - DOOR LE	E JIMENEZ	Z LOPEZ, BA	ALTAZAR		. и 	NC)		NO		1		NO	YE	S	11 - 1	000R	LEF	Ъ 	-
2 RODRIGUEZ-REYES, JOSE J NO NO YES 11 - DOOR LE	C LOPEZ-RO		JONATAN	N 	0M 	NC)		NO	6 3	0 83		NO	YE	S	11 - 1	000R	LEF	T	-
	1 dooonigo		JOSE J	У		NC			NO	2 (14)	0 as'		NO .	YE	S	11 - 1	DOOR	LEF	T	
* 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 a plate number of the ambulances so we can contact them:		, ,,					olice,	private).	If you a	ire unab	le to furn	ish the I	EMS data,	, pleas	e give	the name, a	addres	ss and	lefit ' Isiq	
** 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.							•					nsidere	ed "extricat	ed".			laoni gli ed			ch.
Additional Information	Additional Inf	nformation														(10)	amno	lat lea	oilliob	A
SIGN Officer's Rank and Signature HERE TROOPER Print Name in Full JORDAN A WINTERS Badge/ID No Department Troop/Zone Sector Officer Reviewe 193 14406 B2 52 LINCOLN, BRAD 00:27	HERE Print N	TROOPE Name	ER	TERS							Troop	o/Zone	Sector	3	Office:	OLN,	Revie 2/1	ewed 0/20	23	



Name and Address of Deceased

6: LOPEZ, JESUS LOPEZ

5: VAZQUEZ VALDEZ, ALEJANDRO

Accident Date

Month Day Yr.
01 28 2023

Military Time

06:02

ECONO LODGE

ECONO LODGE

New York State Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



					. •				
	MV-104D (3/02)		25	Page	3	of	3	Pages
Cou	inty		City/Town/Village]	No. Killed	No.	Vehicles	Work	Related
ST	LAWRENCE		LOUISVILLE,	TOWN	6		2	VY	es 🗌 No
GE	MASSENA NY	136	562				- 10		
)GE	MASSENA NY	136	562						

A COUDENT DATA

Local Code 11260819

SP2B44GCH7QC

ACCIDENT DATA								
Speed Limit (MPH)	Location (Route of	or Street Name)	20					
55	STATE ROUTE	37						
Estimated Speed:								f - 1
VehicleMPH	H Unkno	own Vehicle _	MPH	Unknown	Vehicle	MPH		Jnknown
Vehicle Model (for example, Musta	ing or Corvette):					3 10		
Vehicle		Vehicle _			Vehicle	ж.		
Roadway Surface:							9.7	
☐ Concrete ✓	Blacktop	Brick or Block	Dirt	Slag	Gravel	Stone	, ass] Other
No. of Lanes Roadway Flow	v: One Way T	raffic		C Divided him	busy modian strip	Divided hig	hway, gua	ard rail
. 2	Divided high	nway, other barrier or	barrier type unknov	vn Divided hig	hway, median strip	✓ Not physical	Illy divide	d
EMERGENCY MEDICAL SER	RVICES *	HOSPITAL INFORM	ATION					
	Time (Military):	If the victim was taker	n to a hospital outs	ide of NYS, give na	me, county and state	e of that hospital:		
Notified	06:02							
							7.9	
Arrived at Scene	06:20	If the victim was trans	ferred to another h	ospital (after initial t	ransportation), give	the name, count	y and sta	te of
Arrived at Hospital		that hospital:						
OCCUPANT DATA								

		156		Type of	Air B		
Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Extrication Equip. Used	Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
/							7.0
Passenger							
Passenger						3/	
Passenger							
Passenger					1		,
Passenger					1		\
Passenger							,

- 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

				V. Comment			
SIGN	Officer's Rank and Signature	Badge/ID No	Department	Precinct/Post	Station/Beat/	Reviewing	Date/Time
HERE	TROOPER			Troop/Zone	Sector	Officer	Reviewed
	Print Name	193	14406	В2	5.2	LINCOLN,	2/10/2023
	in Full JORDAN A WINTERS	193	14400	BZ	32	BRAD	00:27

