

# POLICE ACCIDENT REPORT

Local Codes
11260819
SP2B44GCH7QC

MV-104A (6/04)

**AMENDED REPORT**

1	Accident Date Month 1 Day 28 Year 2023	Day of Week SATURDAY	Military Time 06:02	No. of Vehicles 2	No. Injured 3	No. Killed 6	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
	VEHICLE 1				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						X

2	VEHICLE 1- Driver License ID Number [REDACTED]	State of Lic. NY	VEHICLE 2- Driver License ID Number INTERNATIONAL DL	State of Lic. IT	21
	Driver Name - exactly as printed on license DIAZ BAEZ, HARLY N		Driver Name - exactly as printed on license VALERO TORRES, CHRISTOPHER GESU		X
	Address (Include Number and Street) [REDACTED]	Apt. No.	Address (Include Number and Street) [REDACTED]	Apt. No.	

3	City or Town BRONX	State NY	Zip Code 10467	City or Town DULUTH	State GA	Zip Code 30096	22				
1	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 15	Public Property Damaged <input type="checkbox"/>	23

4	Name - exactly as printed on registration PENSKE LEASING AND RENTAL, C	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	Name - exactly as printed on registration LBF MT, C	Date of Birth Month [REDACTED] Day [REDACTED] Year [REDACTED]	23				
5	Address (Include Number and Street) 2675 MORGANTOWN ROAD	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street) [REDACTED]	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	24

5	City or Town READING	State PA	Zip Code 19607	City or Town HELENA	State MT	Zip Code 59601	7				
1	Plate Number V75377	State of Reg. MA	Vehicle Year & Make 2021 FRHT	Vehicle Type DELV	Ins. Code 263	Plate Number 593787B	State of Reg. MT	Vehicle Year & Make 2013 CHEV	Vehicle Type BUS	Ins. Code 989	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					1

6	Violation Section(s)	Violation Section(s)	25
2			1

7	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.	26																				
4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 1 2 Box 2 - Most Damage 1 1 Enter up to three more damage codes 17 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 11 11 2 Box 2 - Most Damage 11 11 Enter up to three more damage codes 17 3 4 5	<table border="1"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>1. ← ← ←</td> <td>3. ↙ ↘</td> <td>4. ↓</td> <td>5. → → →</td> <td>7. → ← →</td> </tr> <tr> <td>Sidewipe (same direction)</td> <td>Left Turn</td> <td></td> <td>Right Turn</td> <td>Sidewipe (opposite direction)</td> </tr> <tr> <td>2. ← → ←</td> <td>0. ↙ ↘</td> <td></td> <td>6. → ↙ ↘</td> <td>8. → ← →</td> </tr> </table>	Rear End	Left Turn	Right Angle	Right Turn	Head On	1. ← ← ←	3. ↙ ↘	4. ↓	5. → → →	7. → ← →	Sidewipe (same direction)	Left Turn		Right Turn	Sidewipe (opposite direction)	2. ← → ←	0. ↙ ↘		6. → ↙ ↘	8. → ← →	27
Rear End	Left Turn	Right Angle	Right Turn	Head On																				
1. ← ← ←	3. ↙ ↘	4. ↓	5. → → →	7. → ← →																				
Sidewipe (same direction)	Left Turn		Right Turn	Sidewipe (opposite direction)																				
2. ← → ←	0. ↙ ↘		6. → ↙ ↘	8. → ← →																				
	Vehicle By: ROUTE 11 Towed To: TROOP B HQ	Vehicle By: ROUTE 11 Towed To: TROOP B HQ	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.	1																				

	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28
			1	

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
3 7 7	Latitude/Northing 4972096	County ST LAWRENCE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of LOUISVILLE	
7 5 0 2	Longitude/Easting 495338	Road on which accident occurred STATE ROUTE 37 (Route Number or Street Name)	
1 5 5 1		at 1) intersecting street (Route Number or Street Name)	
		or 2) .5 feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of COUNTY ROUTE 14 (CR) (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes	30
Cause of collision to be determined by Collision Reconstruction Unit investigation.	-

	8	9	10	11	12	13	14	15	16	17 BY		
A	1	1	4	1	25	M	10	15	6	a-843	4405	DIAZ BAEZ, HARLY N
B	2	1	A	1	36	M	-	-	-			VALERO TORRES, CHRI
C	2	7	1	1	37	M	-	-	-			MARTINEZ, RAUL ANTH
D	2	7	1	3	25	M	01	05	1			HERDANDEZ-GOMEZ, JO 1/28/2023
E	2	7	1	3	35	M	01	01	1			AGUIRE TRONCO, JOSE 1/28/2023
F	2	7	1	1	44	M	01	05	1			MARTINEZ-PARRA, JES 1/28/2023
Officer's Rank and Signature	TPR [REDACTED]			Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed			
Print Name in Full	JORDAN A WINTERS			193	14406	B2	52	LINCOLN, BRAD	2/10/2023	00:27		

# POLICE ACCIDENT REPORT

Local Codes
11260819
SP2B44GCH7QC

MV-104A (6/04)

**AMENDED REPORT**

19

1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	<input type="checkbox"/> Left Scene	Police Photos	20
	Month	Day	Year	SATURDAY	06:02	2	3	6	Accident Reconstructed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE  VEHICLE  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

2	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21		
	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.

3	City or Town	State	Zip Code	City or Town	State	Zip Code	22		
	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth		Sex	Unlicensed

4	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	23
	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	

5	City or Town	State	Zip Code	City or Town	State	Zip Code	24		
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		State of Reg.	Vehicle Year & Make

6	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
	Violation Section(s)	Violation Section(s)	

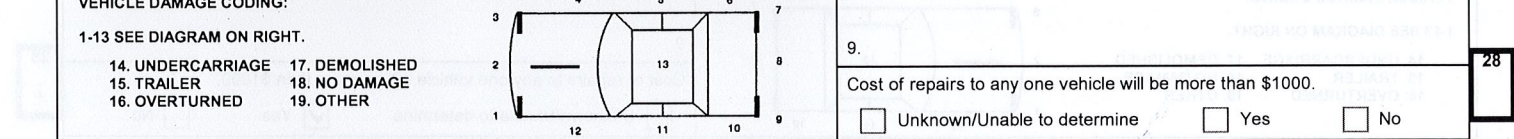
7	Check if involved vehicle is:	Check if involved vehicle is:	26
	<input type="checkbox"/> more than 95 inches wide. <input type="checkbox"/> more than 34 feet long. <input type="checkbox"/> operated with an overweight permit. <input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> 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.	

VEHICLE DAMAGE CODES	Box 1 - Point of Impact	Box 2 - Most Damage	27
	Enter up to three more damage codes	Enter up to three more damage codes	

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER



9. Cost of repairs to any one vehicle will be more than \$1000.  
 Unknown/Unable to determine  Yes  No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing	County <u>ST LAWRENCE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
	Longitude/Easting	Road on which accident occurred _____ (Route Number or Street Name)	
		at 1) intersecting street _____ (Route Number or Street Name)	
		or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S of _____ (Milepost, Nearest intersecting Route Number or Street Name)	
		_____ feet _____ miles <input type="checkbox"/> E <input type="checkbox"/> W	

Accident Description/Officer's notes

	8	9	10	11	12	13	14	15	16	17 BY			
A	2	7	1	1	29	M	01	05	1			GALICIA-IGNACIO, PE	1/28/2023
B	2	7	1	2	45	M	01	05	1			VAZQUEZ VALDEZ, ALE	1/28/2023
C	2	7	1	2	39	M	01	05	1			LOPEZ, JESUS LOPEZ	1/28/2023
D	2	7	1	1	40	M	-	-	-			LEON, ANDY VERA DE	
E	2	7	1	1	34	M	-	-	-			REYES NAVA, ANTONIO	
F	2	7	1	1	22	M	-	-	-			VELASCO HERNANDEZ,	

Officer's Rank and Signature	TPR	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	JORDAN A WINTERS	193	14406	B2	52	LINCOLN, BRAD	2/10/2023 00:27

ALL INVOLVED

30



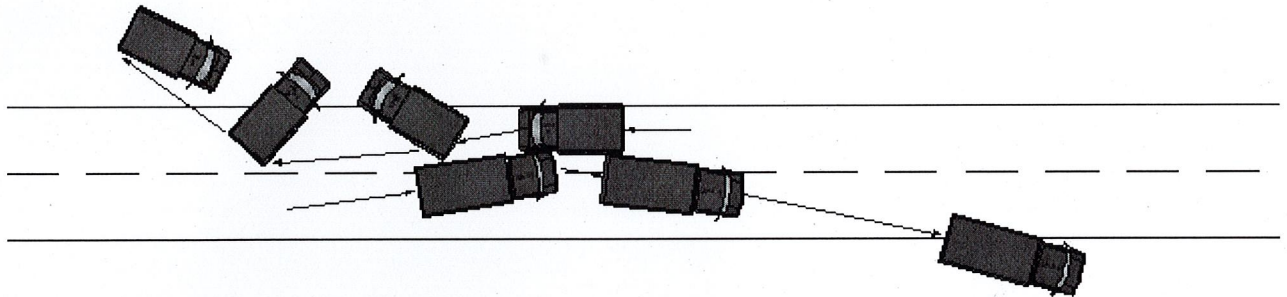
Local Codes
11260819
SP2B44GCH7QC

# POLICE ACCIDENT REPORT

MV-104A (6/04)

**AMENDED REPORT**

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	<input type="checkbox"/>	Left Scene	Police Photos
Month	Day	Year	SATURDAY	06:02	2	3	6	Accident Reconstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1	28	2023									



STATE ROUTE 37

*Not To Scale*

**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**



MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,  
PO Box 2084, Albany NY 12220-0084

Local Codes	11260819
	SP2B44GCH7QC

AMENDED REPORT

**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 the driver  
 ♦ AND at least one of the following conditions is met:  
 - at least one person sustained fatal injuries  
 - at least one person was transported for IMMEDIATE medical treatment  
 - at least one vehicle is disabled and was towed/transported from the scene.

**Number of:**  
 \_\_\_ 1 Trucks having a GVWR or GCWR > 10,000 lbs.  
 \_\_\_ Vehicles with a Haz Mat placard  
 \_\_\_ 1 Buses designed to carry 9 or more persons

**Number of Vehicles:**  
 \_\_\_ 2 Towed/transported from scene due to damage  
**Number of Persons:**  
 \_\_\_ 6 Sustaining fatal injuries  
 \_\_\_ Transported for IMMEDIATE medical treatment

<b>ACCIDENT DATE</b> Mo. Day Year 1 28 2023	<b>MILITARY TIME</b> 06:02	<b>COUNTY</b> ST LAWRENCE	<b>CITY/TOWN/VILLAGE</b> LOUISVILLE, TOWN OF
---	-------------------------------	------------------------------	---

<b>DRIVER</b>	<b>DRIVER LICENSE ID #</b> [REDACTED]	<b>STATE OF LIC.</b> NY
	<b>DRIVER NAME</b> - exactly as printed on license (Last, First, M.I.) DIAZ BAEZ, HARLY N	

<b>1</b>	<b>LICENSE CLASS</b>	<b>DATE OF BIRTH</b>	<b>SEX</b>	7 1
	1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DM	Mo. Day Year	1 Male 2 Female	

<b>CARRIER</b>	<b>CARRIER NAME:</b> AERO GLOBAL LOGISTICS			
	<b>STREET OR P.O. BOX</b> 2983 SOUTH PLEASANT VAL	<b>CITY</b> WINCHESTER	<b>STATE</b> VA	<b>ZIP CODE</b> 22601

<b>PLATE NUMBER</b> V75377	<b>STATE OF REG.</b> MA	<b>CARRIER'S IDENTIFICATION NUMBERS</b> US DOT 2 4 4 7 3 1 9 ICC MC	<b>TOTAL AXLES</b> (Includes trailers) 2
-------------------------------	----------------------------	--	--

<b>2</b>	<b>WEIGHT RATING OF TRUCK POWER UNIT</b>	<b>VEHICLE IDENTIFICATION NUMBER</b>
	1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.	3 A L A C W F C 1 M D M S 3 2 9 7

<b>3</b>	<b>VEHICLE CONFIGURATION</b>	<b>TRAFFIC WAY</b>	9 1
	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	8 Tractor/Triples 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays a Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays a HM placard 12 Bus (seats for 9-15 people, including driver)	

<b>4</b>	<b>CARGO BODY TYPE</b>	<b>ACCESS CONTROL</b>
	1 Bus (seats for more than 15 people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump	6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats for 9-15 people, including driver)

<b>5</b>	<b>HAZARDOUS MATERIALS INVOLVEMENT</b>	<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b>	11 9
	2 Does vehicle have Haz Mat placard? 1 Yes 2 No	1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision)	

<b>6</b>	2 WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No	<b>OFFICER'S RANK AND SIGNATURE</b> TROOPER [REDACTED]	<b>BADGE/ID NO.</b> 193	<b>NCIC NO.</b> 14406	<b>DATE OF REPORT</b> 1/28/2023
	<b>PRINT NAME IN FULL</b> JORDAN A WINTERS				

TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT



Local Codes 11260819 SP2B44GCH7QC

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau, PO Box 2084, Albany NY 12220-0084

AMENDED REPORT

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 the driver
- AND at least one of the following conditions is met:
- at least one person sustained fatal injuries
- at least one person was transported for IMMEDIATE medical treatment
- at least one vehicle is disabled and was towed/transported from the scene.

Number of:
1 Trucks having a GVWR or GCWR > 10,000 lbs.
Vehicles with a Haz Mat placard
1 Buses designed to carry 9 or more persons

Number of Vehicles:
2 Towed/transported from scene due to damage
Number of Persons:
6 Sustaining fatal injuries
Transported for IMMEDIATE medical treatment

ACCIDENT DATE Mo. Day Year MILITARY TIME COUNTY CITY/TOWN/VILLAGE
1 28 2023 06:02 ST LAWRENCE LOUISVILLE, TOWN OF

DRIVER LICENSE ID # I N T E R N A T I O N A L D L STATE OF LIC. IT
DRIVER NAME - exactly as printed on license (Last, First, M.I.)
VALERO TORRES, CHRISTOPHER GESUS

1 LICENSE CLASS 1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER DATE OF BIRTH Mo. Day Year SEX 1 Male 2 Female 7 1

CARRIER NAME: LBFNY LLC

STREET OR P.O. BOX CITY STATE ZIP CODE TOTAL AXLES
302 N LAST CHANCE STE40 HELENA MT 59601 8 2

PLATE NUMBER STATE OF REG. CARRIER'S IDENTIFICATION NUMBERS
593787B MT US DOT 3 7 7 3 0 7 5 ICC MC

2 WEIGHT RATING OF TRUCK POWER UNIT VEHICLE IDENTIFICATION NUMBER
1 Less than or equal to 10,000 lbs. 1 G B 6 G 5 B G 2 D 1 1 5 6 7 5 3
2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.

3 VEHICLE CONFIGURATION TRAFFIC WAY
1 Bus (seats for more than 15 people, including driver) 8 Tractor/Triples 1 Two-way, not divided
2 Single-unit Truck: (2-axle, 6-tire) 9 Unknown Heavy Truck, cannot classify 2 two-way, divided
3 Single-unit Truck: (3 or more axles) 10 Passenger Car - only record when vehicle displays a 3 unprotected median
4 Truck/Trailer Hazardous Material placard 3 Two-way, divided, positive
5 Truck Tractor (bobtail) 11 Light truck (van, mini-van, panel, pickup, sport utility 4 One way not divided
6 Tractor/Semi-trailer vehicle) only record when vehicle displays a HM placard 5 Not reported
7 Tractor/Doubles 12 Bus (seats for 9-15 people, including driver)

4 CARGO BODY TYPE ACCESS CONTROL
1 Bus (seats for more than 15 people, including driver) 6 Concrete Mixer 10 Grain, Chips, Gravel 1 No Access Control
2 Van/Enclosed Box 7 Auto Transporter 11 Pole 2 Full Access Control
3 Cargo Tank 8 Garbage/Refuse 12 Bus (seats for 9-15 people, 4 Partial Access Control
4 Flatbed including driver)
5 Dump 9 Other

5 HAZARDOUS MATERIALS INVOLVEMENT SEQUENCE OF EVENTS (FOR THIS VEHICLE)
2 Does vehicle have Haz Mat placard? 1 Yes 2 No
COPY FROM PLACARD: 4-digit identification number 1 or 2-digit number from bottom of diamond
NAME OF HAZ MAT CLASS:
6 WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?
1 Yes 2 No
1 Ran Off Road (noncollision) 13 Involving Animal (collision)
2 Jackknife (noncollision) 14 Involving Fixed Object (collision)
3 Overturn/Rollover (noncollision) 18 Cross Median/Centerline (noncollision)
4 Downhill Runaway (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)
5 Cargo Loss or Shift (noncollision) 20 Other (noncollision)
6 Explosion or Fire (noncollision) 21 Unknown (noncollision)
7 Separation of Units (noncollision) 22 With Work Zone Maintenance Equipment (collision)
8 Involving Pedestrian (collision) 23 With Other Movable Object (collision)
9 Involving Motor Vehicle in Transport (collision) 24 With Unknown Movable Object (collision)
10 Involving Parked Motor Vehicle (collision)
11 Involving Train (collision)
12 Involving Pedalcycle (collision)

OFFICER'S RANK AND SIGNATURE TROOPER [Signature] BADGE/ID NO. NCIC NO. DATE OF REPORT
PRINT NAME IN FULL JORDAN A WINTERS 193 14406 1/28/2023



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 11260819 SP2B44GCH7QC	Accident Date Month Day Yr. 01 28 2023	Military Time 06:02	County ST LAWRENCE	City/Town/Village LOUISVILLE, TOWN	No. Killed 6	No. Vehicles 2	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							
1: HERDANDEZ-GOMEZ, JONATHAN ECONO LODGE MASSENA NY 13662							
2: AGUIRE TRONCO, JOSE DE JESU ECONO LODGE MASSENA NY 13662							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) STATE ROUTE 37
Estimated Speed: Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 M2 Vehicle 2 EXPRESS 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 _____ 06:02 Arrived at Scene _____ 06:20 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 Driver E DIAZ BAEZ, HARLY N H Passenger C L E Passenger 1	NO		YES	JAWS OF LIFE	NO	YES	01 - FRONT LEFT
V Driver E VALERO TORRES, CHRISTOPHER GES H Passenger C MARTINEZ, RAUL ANTHONY L E Passenger 2	NO		NO		YES	NO	11 - DOOR LEFT
V Driver E VALERO TORRES, CHRISTOPHER GES H Passenger C MARTINEZ, RAUL ANTHONY L E Passenger 2	NO		NO		NO	YES	11 - DOOR LEFT
V Driver E VALERO TORRES, CHRISTOPHER GES H Passenger C MARTINEZ, RAUL ANTHONY L E Passenger 2	YES	07:56	NO		NO	YES	11 - DOOR LEFT
V Passenger E AGUIRE TRONCO, JOSE DE JESUS H Passenger C MARTINEZ-PARRA, JESUS L E Passenger 2	YES	07:58	NO		NO	YES	11 - DOOR LEFT
V Passenger E AGUIRE TRONCO, JOSE DE JESUS H Passenger C MARTINEZ-PARRA, JESUS L E Passenger 2	YES	08:13	NO		NO	YES	11 - DOOR LEFT
V Passenger E AGUIRE TRONCO, JOSE DE JESUS H Passenger C MARTINEZ-PARRA, JESUS L E Passenger 2	YES	08:04	NO		NO	YES	11 - DOOR LEFT

\* 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 TROOPER [Signature]	Badge/ID No 193	Department 14406	Precinct/Post Troop/Zone B2	Station/Beat/ Sector 52	Reviewing Officer LINCOLN, BRAD	Date/Time Reviewed 2/10/2023 00:27
	Print Name in Full JORDAN A WINTERS						



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 11260819 SP2B44GCH7QC	Accident Date Month Day Yr. 01 28 2023	Military Time 06:02	County ST LAWRENCE	City/Town/Village LOUISVILLE, TOWN	No. Killed 6	No. Vehicles 2	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							
3: MARTINEZ-PARRA, JESUS ECONO LODGE MASSENA NY 13662							
4: GALICIA-IGNACIO, PEDRO ECONO LODGE MASSENA NY 13662							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) STATE ROUTE 37
Estimated Speed: Vehicle _____ 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 _____ 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
<b>EMERGENCY MEDICAL SERVICES *</b> Time (Military): Notified _____ 06:02 Arrived at Scene _____ 06:20 Arrived at Hospital _____	<b>HOSPITAL INFORMATION</b> 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 Passenger E VAZQUEZ VALDEZ, ALEJANDRO	YES	08:07	NO		NO	YES	11 - DOOR LEFT
H Passenger C LOPEZ, JESUS LOPEZ	YES	08:01	NO		NO	YES	11 - DOOR LEFT
L Passenger E LEON, ANDY VERA DE	NO		NO		NO	YES	11 - DOOR LEFT
V Passenger E REYES NAVA, ANTONIO	NO		NO		NO	YES	11 - DOOR LEFT
H Passenger C VELASCO HERNANDEZ, VICENTE	NO		NO		NO	YES	11 - DOOR LEFT
L Passenger E LOPEZ DIAZ, ANTONIO	NO		NO		NO	YES	11 - DOOR LEFT
V Passenger E JIMENEZ LOPEZ, BALTAZAR	NO		NO		NO	YES	11 - DOOR LEFT
H Passenger C LOPEZ-RODRIGUEZ, JONATAN	NO		NO		NO	YES	11 - DOOR LEFT
L Passenger E RODRIGUEZ-REYES, JOSE J	NO		NO		NO	YES	11 - DOOR LEFT

\* 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 TROOPER [REDACTED]	Badge/ID No 193	Department 14406	Precinct/Post Troop/Zone B2	Station/Beat/Sector 52	Reviewing Officer LINCOLN, BRAD	Date/Time Reviewed 2/10/2023 00:27
	Print Name in Full JORDAN A WINTERS						





POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 11260819 SP2B44GCH7QC	Accident Date Month Day Yr. 01 28 2023	Military Time 06:02	County ST LAWRENCE	City/Town/Village LOUISVILLE, TOWN	No. Killed 6	No. Vehicles 2	Work Related <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Address of Deceased							
5: VAZQUEZ VALDEZ, ALEJANDRO ECONO LODGE MASSENA NY 13662							
6: LOPEZ, JESUS LOPEZ ECONO LODGE MASSENA NY 13662							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) STATE ROUTE 37
Estimated Speed: Vehicle _____ 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 _____ 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
<b>EMERGENCY MEDICAL SERVICES *</b> Time (Military): Notified _____ 06:02 Arrived at Scene _____ 06:20 Arrived at Hospital _____	<b>HOSPITAL INFORMATION</b> 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 Passenger							
V E H I C L E Passenger							
V E H I C L E Passenger							

\* 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 TROOPER [REDACTED]	Badge/ID No 193	Department 14406	Precinct/Post Troop/Zone B2	Station/Beat/ Sector 52	Reviewing Officer LINCOLN, BRAD	Date/Time Reviewed 2/10/2023 00:27
	Print Name in Full JORDAN A WINTERS						

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing Flashing Light  
 10. RR Crossing Gates  
 11. Stopped School Bus- Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV)  
 B. Bicyclist  
 I. In-Line Skater  
 O. Other\*  
 P. Pedestrian  
 S. Snowmobiler

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT**  
 MV-104COV (5/22)  
 \*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
 If an answer is UNKNOWN, enter an "X".

**LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Elbow-Lower Arm-Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

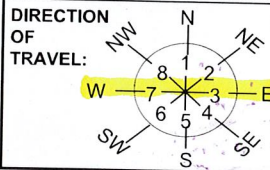
**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**INJURED TAKEN**  
 17 BY TO 18

**APPARENT CONTRIBUTING FACTORS**

**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Car Distraction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage\*  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Eating or Drinking  
 34. Listening/Using Headphones

**Vehicle**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited



**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Left Turn  
 4. Making U Turn  
 5. Starting from Parking  
 6. Starting in Traffic  
 7. Slowing or Stopping  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*

**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

