

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
 MV-104AN (7/01)

Precinct 100
 Accident No. 466

Complaint
 Number

AMENDED REPORT

2	Accident Date Month <u>9</u> Day <u>24</u> Year <u>05</u> Day of Week <u>SAT</u> Military Time <u>1909</u>	No. of Vehicles <u>01</u>	No. Injured <u>01</u>	No. Killed <u>01</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE 1							
2	VEHICLE 1 - Driver License ID Number <u>919 720 657</u> State of Lic. <u>NY</u>	VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
5	Driver Name - exactly as printed on license <u>VICENS, JOSE</u>	Driver Name - exactly as printed on license <u>ANDERSON, ANDRE</u>					
Address (Include Number & Street) <u>171 BEACH 113TH ST</u> Apt. No.				Address (Include Number & Street) <u>409 BEACH 47TH ST</u> Apt. No.			
City or Town <u>ROCKAWAY BEACH</u> State <u>NY</u> Zip Code <u>11694</u>				City or Town <u>FAR ROCKAWAY</u> State <u>NY</u> Zip Code <u>11691</u>			
3	Date of Birth Month <u>3</u> Day <u>2</u> Year <u>82</u> Sex <u>M</u> Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>2</u> Day <u>18</u> Year <u>97</u> Sex <u>M</u> Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>	
Name - exactly as printed on registration <u>VICENS, JOSE</u> Sex <u>M</u> Date of Birth Month <u>3</u> Day <u>2</u> Year <u>82</u>				Name - exactly as printed on registration <u>ANDERSON, ANDRE</u> Sex <u>M</u> Date of Birth Month <u>2</u> Day <u>18</u> Year <u>97</u>			
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5	Plate Number <u>CMM 6606</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2003+ LINCO</u> Vehicle Type <u>SUBV</u> Ins. Code <u>100</u>	Plate Number <u>---</u> State of Reg. <u>---</u> Vehicle Year & Make <u>---</u> Vehicle Type <u>---</u> Ins. Code <u>---</u>					
Ticket/Arrest Number(s)				Ticket/Arrest Number(s)			
Violation Section(s)				Violation Section(s)			

6	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.																																																		
<table border="1"> <tr> <th colspan="3">VEHICLE 1 DAMAGE CODES</th> <th colspan="3">VEHICLE 2 DAMAGE CODES</th> </tr> <tr> <td>Box 1 - Point of Impact</td> <td><u>3</u></td> <td><u>3</u></td> <td>Box 1 - Point of Impact</td> <td><u>8</u></td> <td><u>8</u></td> </tr> <tr> <td>Box 2 - Most Damage</td> <td><u>2</u></td> <td><u>1</u></td> <td>Box 2 - Most Damage</td> <td><u>3</u></td> <td><u>1</u></td> </tr> <tr> <td colspan="3">Enter up to three more Damage Codes</td> <td colspan="3">Enter up to three more Damage Codes</td> </tr> <tr> <td colspan="3">Vehicle Bv <u>DEPT TOW</u></td> <td colspan="3">Vehicle Bv <u>TOW</u></td> </tr> <tr> <td colspan="3">Towed: <u>TO DEPT TOW</u></td> <td colspan="3">Towed: <u>TOW</u></td> </tr> </table>			VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES			Box 1 - Point of Impact	<u>3</u>	<u>3</u>	Box 1 - Point of Impact	<u>8</u>	<u>8</u>	Box 2 - Most Damage	<u>2</u>	<u>1</u>	Box 2 - Most Damage	<u>3</u>	<u>1</u>	Enter up to three more Damage Codes			Enter up to three more Damage Codes			Vehicle Bv <u>DEPT TOW</u>			Vehicle Bv <u>TOW</u>			Towed: <u>TO DEPT TOW</u>			Towed: <u>TOW</u>			<table border="1"> <tr> <td>1. Rear End</td> <td>2. Left Turn</td> <td>3. Right Angle</td> <td>4. Right Turn</td> <td>5. Head On</td> </tr> <tr> <td>6. Overtaking</td> <td>7. Left Turn</td> <td>8. Right Turn</td> <td>9. Sideswipe</td> <td></td> </tr> </table> <p>ACCIDENT DIAGRAM</p> <p>9. <u>E/B SHOREFRONT PKWY</u></p> <p>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</p>					1. Rear End	2. Left Turn	3. Right Angle	4. Right Turn	5. Head On	6. Overtaking	7. Left Turn	8. Right Turn	9. Sideswipe	
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<p>VEHICLE DAMAGE CODING</p> <p>1-13 SEE DIAGRAM ON RIGHT</p> <p>14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER</p>																																																					

Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
	Longitude/Easting	Road on which accident occurred <u>E/B SHORE FRONT PKWY</u> (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) <u>109</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>BEACH 77 ST.</u> (Nearest, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes TIPO VEH#1 TRAVELING IN LEFT LANE ABOVE ROADWAY IN ABOVE DIRECTION. BICYCLIST TRAVELING IN BETWEEN LEFT LANE + RIGHT LANE. OPER OF VEH#1 STATES THAT HE SWITCHED LANES FROM LEFT TO RIGHT LANE. AT THAT TIME BICYCLIST SWERVED INTO RIGHT LANE. OPER OF VEH#1 THEN CHANGED LANES FROM RIGHT TO LEFT LANE TO AVOID BICYCLIST. VEH#1 DID STRIKE BICYCLIST CAUSING ABOVE DAMAGE AND INJURY. EMS ON SCENE.

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	3	1	23	M	-	13	6	-	-	-	-	VICENS, JOSE	-
B	2	1	1	3	14	M	1	5	2	EMS	7318	ANDERSON, ANDRE	-		
C															
D															
E															
F															

Officer's Rank and Signature <u>P.O. Yula</u>	Tax ID No. <u>826334</u>	NCIC No. <u>03030</u>	Precinct <u>413</u>	Post/Sector	Reviewing Officer	Date/Time Reviewed
Print Name <u>YULA</u>						

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name			First			M.I.			D Last Name			First			M.I.		
Address									Address								
Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()								
B Last Name			First			M.I.			E Last Name			First			M.I.		
Address									Address								
Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()								
C Last Name			First			M.I.			Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Name: YULA			Shield No. 6183		
Address									Name: YULA								
Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()								

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1	1062-24-26-05	Vehicle No. 2	
Expiration Date	3/23/06	Expiration Date	N/A
VIN	SLMFU28R43LJ49486	VIN	

WITNESS (Attach separate sheet, if necessary)

Name: AUSTIN WEBER Address: 168 BEXLEY HEATH, LYMBROOK NY Phone: (516) 313-8141

DUPLICATE COPY REQUIRED FOR:

- Dept. of Motor Vehicles (if anyone is killed/injured) Motor Transport Division (P.D. vehicle involved) NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved) Other City Agency (Specify) _____
- Office of Comptroller (if a City vehicle involved) Personnel Safety Unit (if a P.D. vehicle involved) Highway Unit 3

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who as notified. In either case, give date and time of notification.)

CLIVE ANDERSON 409 BEACH 47TH ST FAR ROCKAWAY NY 11691 (718) 868-1379

PROPERTY DAMAGED (other than vehicles) **OWNER OF PROPERTY (include city agency, where applicable)**

PROPERTY DAMAGED (other than vehicles)				OWNER OF PROPERTY (include city agency, where applicable)			

NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name		Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command		
Equipment in Use At Time of Accident							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights	

ACTIONS OF POLICE VEHICLE

- Responding to Code Signal _____ Complying with Station House Directive
- Pursuing Violator Routine Patrol
- Other (Describe) _____