

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes

10-426136

AMENDED REPORT

DMV COPY

1	Accident Date Month Day Year 12 24 2010	Day of Week Fr	Military Time 2212	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>		
2	VEHICLE 1 Driver License ID Number 585 308 391 Driver Name - exactly as printed on license Mcowan, Sheena V. Address (Include Number & Street) 185 Curtis St City or Town Rochester NY State 14606				VEHICLE 2 Driver License ID Number 857 176 599 Driver Name - exactly as printed on license Li, Zhou - Jia Address (Include Number & Street) 420 Lyell Ave City or Town Rochester NY State 14606						
3	Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 10 16 93 F 0 1 0				Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 11 05 1970 M 0 1 0						
4	Name - exactly as printed on registration Bowman, Travis J. Address (Include Number & Street) 911 Genesee Ave City or Town Rochester NY State 14606				Name - exactly as printed on registration Address (Include Number & Street) City or Town NY State 14606						
5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code ESN6523 N.Y. 2000 Ford SUB 684				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code DDA1776 N.Y. 2007 Chevy Sub 639						
6	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)						
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.		
8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 3 3 Box 2 - Most Damage 3 4 5 Enter up to three more Damage Codes 3 4 5 Vehicle Towed: By CFBD To				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 12 Box 2 - Most Damage 12 4 5 Enter up to three more Damage Codes 12 4 5 Vehicle Towed: By CFBD To				ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County Monroe City Village Town of Rochester Road on which accident occurred Thurston at 1) intersecting street 80 (Route Number or Street Name) or 2) of Enterprise St (Route Number or Street Name) Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)						
10	Accident Description/Officer's Notes Veh 2 was stopped facing South on Thurston Rd waiting for traffic to clear to make a left turn into a driveway. Op 2 says he was using his turn signal. Veh 1 was traveling Southbound on Thurston. Op 1 says that Veh 2 was stopped in the street with no signal. Op 1 thought that Veh 2 was double parked attempted go around Veh 2 on the left when Veh 2 began his left turn. Veh 1 struck causing damage.				Names of all involved Op 1 Op 2					Date of Death Only	
11	ALL INVOLVED A 2 1 4 1 F B 2 1 4 1 M C D E F				Officer's Rank and Signature P.O. E. Frangello Print Name in Full E. Frangello					Badges/ID No. 1745 NCIC No. 0279 Precinct/Post Troop/Zone WEST Station/Beat Sector 52 Reviewing Officer Date/Time Reviewed 12/28/10	

New York State Department of Motor Vehicles **POLICE ACCIDENT REPORT** MV-104A (8/04)

Local Codes

10-425831

☐ AMENDED REPORT

DMV COPY

1 Accident Date Month <u>12</u> Day <u>24</u> Year <u>2010</u>		Day of Week <u>FRI</u>		Military Time <u>1100</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input checked="" type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																	
2 VEHICLE 1 License ID Number <u>H+R</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____																																																																																																																																	
3 VEHICLE 2 License ID Number <u>PARKED</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <u>HAUSER, KAMILAH</u> Sex <u>F</u> Date of Birth <u>3/29/74</u> Address (Include Number & Street) <u>PO BOX 19707</u> Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u> Plate Number <u>DNS4331</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2002 CHRY</u> Vehicle Type <u>SUBR</u> Ins. Code <u>639</u> Ticket/Arrest Number(s) _____ Violation Section(s) _____																																																																																																																																	
4 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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>3</u> <u>3</u> Box 2 - Most Damage <u>3</u> <u>4</u> <u>5</u> Enter up to three more Damage Codes _____ Vehicle Towed: By _____ To _____ VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>9</u> <u>9</u> Box 2 - Most Damage <u>3</u> <u>4</u> <u>5</u> Enter up to three more Damage Codes _____ Vehicle Towed: By _____ To _____																																																																																																																																	
5 ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) #2																																																																																																																																	
6 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																																																																																																																																	
7 Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>525 THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>50</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>ENTERPRISE ST</u> (Milepost, Nearest intersecting Route Number or Street Name)																																																																																																																																	
8 Accident Description/Officer's Notes <u>VEH. 2 WAS PARKED ALONG CURB FACING S/B ON THURSTON RD. VEH. 1 WAS TRAVELING S/B ON THURSTON RD AND STRUCK VEH. 2'S LEFT REAR AS IT PASSED BY.</u>																																																																																																																																	
9 Names of all involved <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>X</td> <td>1</td> <td>X</td> <td>X</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>X</td> <td>-</td> </tr> <tr> <td>B</td> <td>2</td> <td>3</td> <td>4</td> <td>1</td> <td>50</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>JOHNSON, P</td> <td>-</td> </tr> <tr> <td>C</td> <td>2</td> <td>4</td> <td>5</td> <td>1</td> <td>8</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>HAUSER, JALYAH</td> <td>-</td> </tr> <tr> <td>D</td> <td>2</td> <td>6</td> <td>5</td> <td>1</td> <td>4</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>HAUSER, JADA</td> <td>-</td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>																			8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	X	1	X	X	-	-	-	-	-	-	-	X	-	B	2	3	4	1	50	F	-	-	-	-	-	-	-	JOHNSON, P	-	C	2	4	5	1	8	F	-	-	-	-	-	-	-	HAUSER, JALYAH	-	D	2	6	5	1	4	F	-	-	-	-	-	-	-	HAUSER, JADA	-	E																F															
	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only																																																																																																																		
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B	2	3	4	1	50	F	-	-	-	-	-	-	-	JOHNSON, P	-																																																																																																																		
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E																																																																																																																																	
F																																																																																																																																	
10 Officer's Rank and Signature <u>P.O. A. Liberature</u> Badge/ID No. <u>1747</u> NCIC No. <u>02701</u> Precinct/Post Troop/Zone <u>W</u> Station/Beat Sector <u>49</u> Reviewing Officer <u>86-21</u> Date/Time Reviewed <u>12/24/10 111</u>																																																																																																																																	

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USE COVER SHEET

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New York State Department of Motor Vehicles

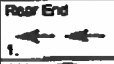

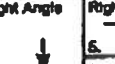
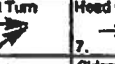




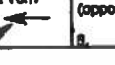
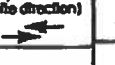
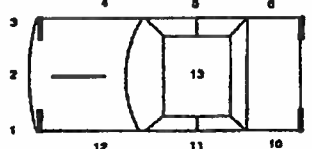
POLICE ACCIDENT REPORT

MV-104A (3/04)

19
20

Local Codes
10418594
FQ7231000008

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input type="checkbox"/> No	20 13																																																																																																
	Month 12	Day 17	Year 2010	Friday	07:49	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																	
VEHICLE 1												21																																																																																																
VEHICLE 1 - Driver License ID Number 912651345						State of Lic. NY		VEHICLE 2 - Driver License ID Number 748192419					State of Lic. NY																																																																																															
Driver Name - exactly as printed on license DAVIS, MELINDA K						Driver Name - exactly as printed on license DERRICO, FRANK						22																																																																																																
Address (Include Number and Street) 624 SAWYER ST A-2						Apt. No.		Address (Include Number and Street) PO BOX 90731					Apt. No.																																																																																															
City or Town ROCHESTER						State NY		Zip Code 14619		City or Town ROCHESTER				State NY		Zip Code 14609		23																																																																																										
Date of Birth Month 10 Day 22 Year 1971						Sex F		Unlicensed <input checked="" type="checkbox"/>		No. of Occupants 01		Public Property Damaged <input type="checkbox"/>		Date of Birth Month 4 Day 6 Year 1960						Sex M		Unlicensed <input type="checkbox"/>		No. of Occupants 01		Public Property Damaged <input type="checkbox"/>																																																																																		
Name - exactly as printed on registration DAVIS, MELINDA K						Sex F		Date of Birth Month 10 Day 22 Year 1971		Name - exactly as printed on registration CITY OF ROCHESTER,						Sex		Date of Birth Month Day Year		24																																																																																								
Address (Include Number and Street) 624 SAWYER ST						Apt. No.		Haz. Mat. Code -		Released <input type="checkbox"/>		Address (Include Number and Street) 945 MT READ BLVD						Apt. No.			Haz. Mat. Code -		Released <input type="checkbox"/>																																																																																					
City or Town ROCHESTER						State NY		Zip Code 14619		City or Town ROCHESTER						State NY		Zip Code 14606		25																																																																																								
Plate Number ELS6857						State of Reg. NY		Vehicle Year & Make 2003 GMC		Vehicle Type SUBN		Ins. Code 626		Plate Number M67058							State of Reg. NY		Vehicle Year & Make 2009 CRAN		Vehicle Type DUMP		Ins. Code 994																																																																																	
Ticket/Arrest Number(s) 7231000KFK 7231000LFQ						Violation Section(s) 5091 1123						Ticket/Arrest Number(s)						Violation Section(s)						26																																																																																				
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Accident Description/Officer's notes V2 IS A CITY OF ROCHESTER REFUSE TRUCK. D2 SAID HE WAS SB ON THURSTON ROAD, AND THAT V1 WAS ALSO SB. V1 LEFT THE RIGHT MOST SB LANE AND ENTERED THE NB LANE TO PASS THE TRUCK AS IT WAS ALSO SB. AS V1 ENTERED BACK INTO THE SB LANE FROM THE NB LANE, V1 STRUCK THE DRIVER FRONT BUMPER AREA OF V2 WITH THE PASSENGER REAR BUMPER AND QUARTER PANEL OF V1. V1 SUSTAINED SIGNIFICANT DAMAGE, AND V2 HAD MINOR DAMAGE TO THE FRONT BUMPER. V1 WAS TICKETED FOR HAVING ONLY A LEARNERS PERMIT, AND UNSAFE PASSING. NO INJURIES.												29 -																																																																																																
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8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																																
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ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
10418594
FQ7231000008

☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
12	17	2010	Friday	07:49	2	0	0			



thurston rd



ernestine st

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-415834

☐ AMENDED REPORT

1	Accident Date Month <u>12</u> Day <u>14</u> Year <u>2010</u>		Day of Week <u>TUES</u>	Military Time <u>1503</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20		
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							21	
3	VEHICLE 1 - Driver License ID Number <u>356 813 793</u> State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>189 993 198</u> State of Lic. <u>NY</u>							22	
4	Driver Name - exactly as printed on license <u>MILHOUSE, WILMA S</u>				Driver Name - exactly as printed on license <u>WASHINGTON, ROBERT, L</u>							23	
5	Address (Include Number & Street) <u>100 RAVENWOOD AV</u> Apt. No. <u>-</u>				Address (Include Number & Street) <u>267 RAVENWOOD AV</u> Apt. No. <u>-</u>							24	
6	City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>				City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>							25	
7	Date of Birth Month <u>9</u> Day <u>15</u> Year <u>43</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>				Date of Birth Month <u>4</u> Day <u>17</u> Year <u>59</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>							26	
8	Name - exactly as printed on registration <u>DRIVER</u> Sex <u>-</u> Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>				Name - exactly as printed on registration <u>DRIVER</u> Sex <u>-</u> Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>							27	
9	Address (Include Number & Street) <u>-</u> Apt. No. <u>-</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/>				Address (Include Number & Street) <u>-</u> Apt. No. <u>-</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/>							28	
10	City or Town <u>-</u> State <u>-</u> Zip Code <u>-</u>				City or Town <u>-</u> State <u>-</u> Zip Code <u>-</u>							29	
11	Plate Number <u>DVT3992</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2007 LEVU</u> Vehicle Type <u>40SD</u> Ins. Code <u>32B</u>				Plate Number <u>ESN9566</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1998 CADI</u> Vehicle Type <u>40SD</u> Ins. Code <u>100</u>							30	
12	Ticket/Arrest Number(s) <u>-</u>				Ticket/Arrest Number(s) <u>-</u>							31	
13	Violation Section(s) <u>-</u>				Violation Section(s) <u>-</u>							32	
14	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.				33
15	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>3</u> Box 2 - Most Damage <u>3</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>11</u> Box 2 - Most Damage <u>11</u> Enter up to three more Damage Codes <u>10</u> <u>6</u> <u>5</u>				ACCIDENT DIAGRAM 				34
16	Vehicle By Towed: <u>C.F.B.O</u>				Vehicle By Towed: <u>451 GARAGE</u>				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				35
17	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County <u>MONR</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> at 1) intersecting street <u>RAVENWOOD AVE.</u> or 2) <u>-</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>-</u> Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)				Accident Description/Officer's Notes <u>(V1) WAS TRAVELING W/B ON RAVENWOOD AV. (V1) CAME TO STOP SIGN @ THURSTON RD. DRIVER OF (V1) STATES SHE COULD HER WINDOW DOWN & SHE COULD SEE ONCOMING TRAF. (V1) PROCEEDED THROUGH INTERSECTION & STRUCK (V2) WHICH WAS S/B ON THURSTON IN THE DRIVER SIDE DOOR. PASSING (V2) INTO CURB ON WEST SIDE OF THURSTON CAUSING DRIVE/TIRE DUE TO PASSENGER SIDE OF (V2) AS WELL.</u>				36
18	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: or 2) <u>-</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>-</u> Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)				Names of all involved <u>WILMA MILHOUSE</u> <u>ROBERT WASHINGTON</u>				Date of Death Only <u>-</u>				37
19	Officer's Rank and Signature <u>PO J WATSON</u>				Badge/ID No. <u>1980</u> NCIC No. <u>0270</u> Precinct/Post Troop/Zone <u>WEST</u> Station/Beat Sector <u>SZ</u> Reviewing Officer <u>SLICK</u>				Date/Time Reviewed <u>2/14/10 2239</u>				38

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
10-40792

AMENDED REPORT

1	Accident Date Month 12 Day 4 Year 10	Day of Week SAT	Military Time 0230	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE 1										21
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2	VEHICLE 1 - Driver License ID Number 225212970	State of Lic. NY	VEHICLE 2 - Driver License ID Number M92165907101912	State of Lic. NY	21
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3	Driver Name - exactly as printed on license Coleman, Syreeta, E	Apt. No.	Driver Name - exactly as printed on license M. Nicholas J. Mullarkey	Apt. No.	22
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4	Address (Include Number & Street) 63 Starfield Ter	City or Town Rochester	State NY	Zip Code 14619	22
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5	City or Town Rochester	State NY	Zip Code 14619	City or Town Henrietta	State NY	Zip Code 14623	22
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6	Date of Birth Month 2 Day 9 Year 81	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 12 Day 27 Year 91	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
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7	Name - exactly as printed on registration Coleman, Syreeta, E	Sex F	Date of Birth Month 2 Day 9 Year 81	Name - exactly as printed on registration Joann Mullarkey	Sex F	Date of Birth Month 12 Day 2 Year 63	23
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8	Address (Include Number & Street) 63 Starfield Ter	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street) 1200 Noreen Dr	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	24
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9	City or Town Rochester	State NY	Zip Code 14619	City or Town Burlington	State NY	Zip Code 88016	24
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10	Plate Number FBR5410	State of Reg. NY	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Plate Number VRF86T	State of Reg. NY	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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11	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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12	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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13	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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14	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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15	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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16	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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17	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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18	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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19	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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20	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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21	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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22	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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23	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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24	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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25	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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26	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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27	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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28	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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29	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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30	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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31	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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32	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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33	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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34	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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35	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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36	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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37	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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38	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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39	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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40	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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41	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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42	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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43	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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44	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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45	Vehicle Year & Make 97 Ford	Vehicle Type SUBN	Ins. Code 321	Vehicle Year & Make 00 Chrys	Vehicle Type 7D SD	Ins. Code 148	25
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ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	X	1	29	F	X	X	6	—	—	—	—	—	Coleman, Syreeta	—
B	2	1	4	1	19	M	—	13	6	—	—	—	—	—	Mullarkey, Nicholas	—
C	2	1	4	1	19	M	—	13	6	—	—	—	—	—	Heilfer, Chad	—
D																
E																
F																

Officer's Rank and Signature	Print Name in Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Office	Date/Time Reviewed
	Ian Fry	2190	02701	W53	West	Sgt. M. M. M.	12-7-10

Local Codes
10-382683New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT

DMV COPY

1 Accident Date Month <u>11</u> Day <u>13</u> Year <u>10</u>		Day of Week <u>SAT</u>		Military Time <u>1212</u>		No. of Vehicles <u>2</u>		No. Injured <u>-</u>		No. Killed <u>-</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
VEHICLE 1 <input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																							
3 VEHICLE 1 - Driver License ID Number <u>489 048 799</u>						State of Lic. <u>NY</u>						VEHICLE 2 - Driver License ID Number <u>132 869 946</u>						State of Lic. <u>NY</u>					
Driver Name - exactly as printed on license <u>BANKS, LERUS, BRENDAN</u>																							
Address (Include Number & Street) <u>281 CONGRESS AVE</u> Apt. No. <u>-</u>																							
City or Town <u>ROCHESTER</u>						State <u>NY</u> Zip Code <u>14611</u>						City or Town <u>ROCHESTER</u>						State <u>NY</u> Zip Code <u>14616</u>					
3 Date of Birth Month <u>8</u> Day <u>26</u> Year <u>93</u>		Sex <u>F</u>		Unlicensed <input checked="" type="checkbox"/>		No. of Occupants <u>2</u>		Public Property Damaged <input type="checkbox"/>		Date of Birth Month <u>7</u> Day <u>7</u> Year <u>57</u>		Sex <u>F</u>		Unlicensed <input type="checkbox"/>		No. of Occupants <u>1</u>		Public Property Damaged <input type="checkbox"/>					
Name - exactly as printed on registration <u>HARRIS, RETORA</u>																							
Address (Include Number & Street) <u>281 CONGRESS AVE</u> Apt. No. <u>-</u>																							
City or Town <u>ROCHESTER</u>						State <u>NY</u> Zip Code <u>14611</u>						City or Town <u>ROCHESTER</u>						State <u>NY</u> Zip Code <u>14616</u>					
5 Plate Number <u>CKE3659</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>03 SATURN</u>		Vehicle Type <u>SUBW</u>		Ins. Code <u>328</u>		Plate Number <u>BRL 7246</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>02 CHEVY</u>		Vehicle Type <u>2DSO</u>		Ins. Code <u>327</u>					
Ticket/Arrest Number(s) <u>-</u>																							
Violation Section(s) <u>-</u>																							
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.																							
Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8.																							
Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) 9. 10. 11. 12. 13. 14. 15. 16.																							
ACCIDENT DIAGRAM																							
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																							
Reference Marker		Coordinates (if available) Latitude/Northing:		Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street <u>LEWISTON</u> (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>-</u> (Milepost, Nearest intersecting Route Number or Street Name) Feet Miles																			
Accident Description/Officer's Notes <u>DRIVER OF VEHICLE 1, WHO HAS A VALID NYS PERMIT WAS WITH HER STEPHEN JENNARD COLE, WHO HAS A VALID NYS DRIVER'S LICENSE CURRENT ID 946 121 637. COLE STATED HE WAS TEACHING BANKS HOW TO DRIVE, THE WERE TRAVELLING SO ON THURSTON RD AND WENT TO TURN LEFT ON LEWISTON AVE, WHEN BANKS CUT THE CORNER TO CROSS STRAIGHT VEH 2 WHICH WAS STOPPED</u>																							
ALL INVOLVED A 1 1 4 17 F - - - - - BANKS, LERUS B 1 3 4 31 M - - - - - COLE, JENNARD C 2 1 4 51 F 9 12 0 - - - - - REYNOLDS, DEMETRIUS D E F																							
Officer's Rank and Signature <u>P.O. [Signature]</u>		Badge/ID No. <u>1537</u>		NCIC No. <u>08701</u>		Precinct/Post Troop/Zone <u>W</u>		Station/Beat Sector <u>W52</u>		Reviewing Officer <u>[Signature]</u>		Date/Time Reviewed <u>11/14/2010</u>											

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes

10-357714

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 10 Day: 22 Year: 2010	Day of Week FR	Military Time 1832	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20	
					<input type="checkbox"/> Accident Reconstructed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 Driver License ID Number: 964 662 408 Driver Name - exactly as printed on license: HUDSON, JAMES, E Address (Include Number & Street): 15 HUNTINGTON PK City or Town: ROCHESTER State: NY Zip Code: 14621 Date of Birth: 9/26/55 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: EAN HOLDINGS, LLC. Address (Include Number & Street): 6929 N. LAKEWOOD AVE City or Town: TULSA State: OK Zip Code: 74117 Plate Number: FAH5914 State of Reg.: OK Vehicle Year & Make: 2010 Dodge Vehicle Type: 40SD Ins. Code: 993 Ticket/Arrest Number(s): - Violation Section(s): - 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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 1 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div style="width: 48%;"> VEHICLE 2 Driver License ID Number: 264 812 433 Driver Name - exactly as printed on license: REAVES, EBONY, C Address (Include Number & Street): 57 JONES AVE City or Town: ROCHESTER State: NY Zip Code: 14608 Date of Birth: 12/15/82 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: REAVES, EBONY, C Address (Include Number & Street): 57 JONES AVE City or Town: ROCHESTER State: NY Zip Code: 14608 Plate Number: ECZ4267 State of Reg.: NY Vehicle Year & Make: 2000 Ford Vehicle Type: 20SD Ins. Code: 684 Ticket/Arrest Number(s): - Violation Section(s): - 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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> </div>										21
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 1 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> </div>										22
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	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 1 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> </div>										28
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 1 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5 Vehicle By Towed: C.F.B.D. </div> </div>										29
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ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	-	-	6	-	-	-	-	JAMES HUDSON	-
B	2	1	4	1	28	F	-	-	6	-	-	-	-	EBONY REAVES	-
C															
D															
E															
F															

Officer's Rank and Signature: OFC. Melvin Williams	Badge/ID No.: 1982	NCIC No.: 02701	Precinct/Post Troop/Zone: West	Station/Beat Sector: 54	Reviewing Officer: [Signature]	Date/Time Reviewed: 10/22/10 2100
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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
10-353033
☐ AMENDED REPORT ☒ DMV COPY

1 Accident Date Month <u>10</u> Day <u>18</u> Year <u>10</u>		Day of Week <u>MON</u>		Military Time <u>1647</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																						
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 License ID Number <u>977 539 650</u> Driver Name - exactly as printed on license <u>LAMB, BRENDAN C</u> Address (Include Number & Street) <u>23 DIANA RD</u> City or Town <u>SCOTTSVILLE</u> State <u>NY</u> Zip Code <u>14546</u> Date of Birth Month <u>1</u> Day <u>15</u> Year <u>84</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>HERZOG, MICHAEL</u> Sex <u>M</u> Date of Birth Month <u>1</u> Day <u>26</u> Year <u>76</u> Address (Include Number & Street) <u>48 SHRUBBERY LN</u> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14624</u> Plate Number <u>EV 5754</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>01 SAT</u> Vehicle Type <u>4ASD</u> Ins. Code <u>328</u> Ticket/Arrest Number(s) <u>—</u> Violation Section(s) <u>—</u> </div> <div> VEHICLE 2 License ID Number <u>511 342 130</u> Driver Name - exactly as printed on license <u>HERZOG, YAZIRA Y</u> Address (Include Number & Street) <u>48 SHRUBBERY LN</u> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14624</u> Date of Birth Month <u>1</u> Day <u>26</u> Year <u>76</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <u>HERZOG, MICHAEL</u> Sex <u>M</u> Date of Birth Month <u>1</u> Day <u>23</u> Year <u>74</u> Address (Include Number & Street) <u>48 SHRUBBERY LN</u> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14624</u> Plate Number <u>AFW 9998</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>09 HOND</u> Vehicle Type <u>5BRN</u> Ins. Code <u>273</u> Ticket/Arrest Number(s) <u>—</u> Violation Section(s) <u>—</u> </div> </div>																																																						
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>2</u> <u>2</u> Box 2 - Most Damage Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle Towed: By <u>CFBO</u> To <u>CFBO</u> </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>8</u> <u>8</u> Box 2 - Most Damage Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle Towed: By <u>CFBO</u> To <u>CFBO</u> </div> <div> ACCIDENT DIAGRAM </div> </div>																																																						
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																																																						
Reference Marker: <table border="1" style="width:100%;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18																																					
Place Where Accident Occurred: County <u>MONK</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>BROOKS AV.</u> at 1) intersecting street <u>THURSTON RD.</u> or 2) <u>—</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>—</u> (Milepost, Nearest Intersecting Route Number or Street Name)																																																						
Accident Description/Officer's Notes: <u>(V2) w/B ON BROOKS STOPPED AT LIGHT FOR THURSTON RD. (V1) ALSO w/B ON BROOKS BEHIND (V2) WHEN IT STRUCK (V2) IN THE REAR. NO INT. REPORTED.</u>																																																						

8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	4	126	M	—	—	—	—	—	—	—	D1	—
B	2	1	4	134	F	—	—	—	—	—	—	—	D2	—
C														
D														
E														
F														

Officer's Rank and Signature: <u>PO Dale Gouay</u>	Badge/ID No. <u>2070</u>	NCIC No. <u>02701</u>	Precinct/Post Troop/Zone <u>WEST</u>	Station/Beat Sector <u>57</u>	Reviewing Officer <u>DALE GOUAY</u>	Date/Time Reviewed <u>10-18-10 2300</u>
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-331194

☒ AMENDED REPORT

Accident Date Month <u>09</u> Day <u>29</u> Year <u>10</u>		Day of Week <u>Wed</u>	Military Time <u>2131</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>																																																																																																																
VEHICLE 1		VEHICLE 2		BICYCLIST		PEDESTRIAN		OTHER PEDESTRIAN																																																																																																																	
VEHICLE 1 - Driver License ID Number <u>544675960</u>		State of Lic. <u>NY</u>		VEHICLE 2 - Driver License ID Number <u>426 550 396</u>		State of Lic. <u>NY</u>																																																																																																																			
Driver Name - exactly as printed on license <u>Crosby, Mark A</u>		Driver Name - exactly as printed on license <u>Nash, Levar M</u>																																																																																																																							
Address (Include Number & Street) <u>238 Weldon St</u>		Address (Include Number & Street) <u>100 Ravenwood Av</u>																																																																																																																							
City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14611</u>		City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14619</u>																																																																																																																							
Date of Birth Month <u>08</u> Day <u>30</u> Year <u>91</u> Sex <u>M</u> Unlicensed <input type="checkbox"/>		Date of Birth Month <u>08</u> Day <u>04</u> Year <u>80</u> Sex <u>M</u> Unlicensed <input type="checkbox"/>																																																																																																																							
Name - exactly as printed on registration <u>Crosby, Karen D</u>		Name - exactly as printed on registration <u>Millhouse, Wilma J</u>																																																																																																																							
Address (Include Number & Street) <u>703 Seward St</u>		Address (Include Number & Street) <u>100 Ravenwood Av</u>																																																																																																																							
City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14619</u>		City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14619</u>																																																																																																																							
Plate Number <u>EWG 2792</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1996 Ford</u> Vehicle Type <u>4DSD</u> Ins. Code <u>100</u>		Plate Number <u>DVT 3992</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2007 Lexus</u> Vehicle Type <u>4DSD</u> Ins. Code <u>338</u>																																																																																																																							
Ticket/Arrest Number(s) <u>AAN7432994</u>		Ticket/Arrest Number(s) <u>—</u>																																																																																																																							
Violation Section(s) <u>600(1)(a)</u>		Violation Section(s) <u>—</u>																																																																																																																							
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.																																																																																																																					
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>18</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>6</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>		ACCIDENT DIAGRAM 																																																																																																																					
Vehicle Towed: By <u>—</u> To <u>—</u>		Vehicle Towed: By <u>—</u> To <u>—</u>																																																																																																																							
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. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																					
Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:		Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred <u>Milton St</u> at 1) intersecting street <u>Thurston Rd</u> or 2) <u>—</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>—</u> Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)																																																																																																																							
Accident Description/Officer's Notes <u>I responded to Milton St/Thurston Rd for a MVA. D2 said he was driving West on Milton, then was turning NB on Thurston. D1 backed into him and left the scene. D1 got a license plate. I found D1 at 238 Weldon and said he backed into D2 and also left the scene. No complaints of injuries.</u>																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>19</td> <td>M</td> <td>—</td> <td>—</td> <td>6</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>Crosby, Mark A</td> <td>—</td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>2</td> <td>1</td> <td>30</td> <td>M</td> <td>—</td> <td>—</td> <td>6</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>Nash, Levar M</td> <td>—</td> </tr> <tr> <td>C</td> <td>2</td> <td>3</td> <td>2</td> <td>1</td> <td>67</td> <td>F</td> <td>—</td> <td>—</td> <td>6</td> <td>—</td> <td>—</td> <td>—</td> <td>—</td> <td>Millhouse, Wilma J</td> <td>—</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	2	1	19	M	—	—	6	—	—	—	—	Crosby, Mark A	—	B	2	1	2	1	30	M	—	—	6	—	—	—	—	Nash, Levar M	—	C	2	3	2	1	67	F	—	—	6	—	—	—	—	Millhouse, Wilma J	—	D																E																F															
	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only																																																																																																										
A	1	1	2	1	19	M	—	—	6	—	—	—	—	Crosby, Mark A	—																																																																																																										
B	2	1	2	1	30	M	—	—	6	—	—	—	—	Nash, Levar M	—																																																																																																										
C	2	3	2	1	67	F	—	—	6	—	—	—	—	Millhouse, Wilma J	—																																																																																																										
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F																																																																																																																									
Officer's Rank and Signature <u>Brendan Barrett</u> Print Name <u>Brendan Barrett</u>		Badge/ID No. <u>2183</u>		NCIC No. <u>02701</u>		Precinct/Post Troop/Zone <u>West</u>		Station/Beat Sector <u>53</u>		Reviewing Officer <u>—</u>		Date/Time Reviewed <u>10-2-10</u>																																																																																																													

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POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

19
69

1	Accident Date Month <u>9</u> Day <u>4</u> Year <u>10</u>	Day of Week <u>Saturday</u>	Military Time <u>21:46</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> - Accident Reconstructed <input type="checkbox"/> -	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20																																																																																																																	
2	VEHICLE 1 License ID Number <u>2244114A</u> State of Lic. <u>VT</u> Driver Name - exactly as printed on license <u>Brand-Martins, Heather, L.</u> Address (Include Number & Street) <u>363 Flanders Pl</u> Apt. No. <u>-</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14624</u>										21																																																																																																																
3	VEHICLE 2 License ID Number <u>X</u> State of Lic. <u>X</u> Driver Name - exactly as printed on license <u>X</u> Address (Include Number & Street) <u>X</u> Apt. No. <u>X</u> City or Town <u>X</u> State <u>X</u> Zip Code <u>X</u>										22																																																																																																																
4	Date of Birth Month <u>8</u> Day <u>29</u> Year <u>79</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <u>Martins, Heather, Lessee</u> Sex <u>M</u> Date of Birth Month <u>X</u> Day <u>X</u> Year <u>X</u> Address (Include Number & Street) <u>2254 45 RT2</u> Apt. No. <u>-</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>N. Hero</u> State <u>VT</u> Zip Code <u>05474</u>										23																																																																																																																
5	Date of Birth Month <u>4</u> Day <u>2</u> Year <u>79</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>X</u> Sex <u>M</u> Date of Birth Month <u>X</u> Day <u>X</u> Year <u>X</u> Address (Include Number & Street) <u>X</u> Apt. No. <u>X</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>X</u> State <u>X</u> Zip Code <u>X</u>										24																																																																																																																
6	Plate Number <u>EMK QNO</u> State of Reg. <u>VT</u> Vehicle Year & Make <u>2008 Ford</u> Vehicle Type <u>LL</u> Ins. Code <u>X</u> Ticket/Arrest Number(s) <u>-</u> Violation Section(s) <u>-</u>										25																																																																																																																
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>12</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle By <u>-</u> Towed To <u>-</u>										26																																																																																																																
8	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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle By <u>X</u> Towed To <u>-</u>										27																																																																																																																
9	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) ACCIDENT DIAGRAM 										28																																																																																																																
10	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										29																																																																																																																
11	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred <u>Flanders Pl</u> at 1) Intersecting street <u>Thurston Rd</u> (Route Number or Street Name) or 2) <u>-</u> <u>-</u> <u>N</u> <u>S</u> <u>E</u> <u>W</u> of <u>-</u> (Milepost, Nearest Intersecting Route Number or Street Name)										30																																																																																																																
12	Accident Description/Officer's Notes <u>Veh #1 was driving eastbound on Flanders Pl, stopped at the stop sign then started to creep forward over the sidewalk to be able to see around the buildings on both sides of the street to watch for traffic so she could turn onto Thurston Rd. As soon as Veh #1 pulled over the sidewalk the unknown black male driver of a bicycle struck the driver side fender of Veh #1. Both drivers were fine as soon as the driver of Veh #1 mentioned calling police for documentation. The unknown male said "no police" got spooked + rode off. Driver of Veh #1 didn't get his info.</u>										31																																																																																																																
13	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>31</td> <td>F</td> <td>-</td> <td>13</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Heather Brand-Martins</td> <td>-</td> </tr> <tr> <td>B</td> <td>13</td> <td>1</td> <td>1</td> <td>1</td> <td>20</td> <td>M</td> <td>-</td> <td>X</td> <td>X</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>X Left Scene</td> <td>-</td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only	A	1	1	4	1	31	F	-	13	6	-	-	-	-	Heather Brand-Martins	-	B	13	1	1	1	20	M	-	X	X	-	-	-	-	X Left Scene	-	C																D																E																F																32
	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only																																																																																																												
A	1	1	4	1	31	F	-	13	6	-	-	-	-	Heather Brand-Martins	-																																																																																																												
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F																																																																																																																											
14	Officer's Rank and Signature <u>PO Maria Brown</u> Badge/ID No. <u>1881</u> NCIC No. <u>02701</u> Precinct/Post Troop/Zone <u>West</u> Station/Beat/Sector <u>52</u> Reviewing Officer <u>708</u> Date/Time Reviewed <u>9-5-10 0645</u> Print Name in Full <u>Katie Brown</u>										33																																																																																																																

USE COVER SHEET

Local Codes
10-288273New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT DMV COPY

Accident Date Month 8 Day 27 Year 2010	Day of Week Friday	Military Time 0140	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
VEHICLE 1		VEHICLE 2		BICYCLIST		PEDESTRIAN		OTHER PEDESTRIAN	
VEHICLE 1 - Driver License ID Number 476 975 589	State of Lic. NY	VEHICLE 2 Driver License ID Number 263 553 229	State of Lic. NY						
Driver Name - exactly as printed on license Conrad, Karlienne	Apt. No. —	Driver Name - exactly as printed on license Greeley, Robert	Apt. No. —						
Address (Include Number & Street) 199 Snug Harbor Ct.	City or Town Rochester	State NY	Zip Code 14612						
Date of Birth Month 12 Day 11 Year 91	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 7 Day 1 Year 63	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration Conrad, Karlienne	Sex F	Date of Birth Month 12 Day 11 Year 91	Name - exactly as printed on registration Greeley, Robert			Sex M	Date of Birth Month 7 Day 1 Year 63		
Address (Include Number & Street) 199 Snug Harbor Ct.	Apt. No. —	Haz. Mat. Code —	Released <input type="checkbox"/>	Address (Include Number & Street) 121 Harris Park			Apt. No. —	Haz. Mat. Code —	Released <input type="checkbox"/>
City or Town Rochester	State NY	Zip Code 14612	City or Town Rochester			State NY	Zip Code 14610		
Plate Number ESN 8268	State of Reg. NY	Vehicle Year & Make 1995 Chevy	Vehicle Type 2D Sedan	Ins. Code 413	Plate Number FBS 8561	State of Reg. NY	Vehicle Year & Make 1995 Dodge	Vehicle Type Pickup	Ins. Code 999
Tickle/Arrest Number(s) —	Violation Section(s) —				Tickle/Arrest Number(s) —	Violation Section(s) —			
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.			
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes			VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes			ACIDENT DIAGRAM 7			
Vehicle By Towed: To CBO			Vehicle By Towed: To CBO			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			
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER			Place Where Accident Occurred: County Monroe City Village Town of Rochester Road on which accident occurred Thurston at 1) intersecting street Brooks Ave or 2) _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)						
Accident Description/Officer's Notes Vehicle 1 was driving southbound on Thurston and turned in front of Vehicle 2 driving northbound. Vehicle 1 impacted vehicle 2 on front driver side bumper while turning left into Rite Aid parking lot. Driver of vehicle 1 was taken to hospital with pain to ear.									

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	9	1	18	F	1	12	6	9469	2701	D1			
B	2	1	4	1	47	M	—	13	6	—	—	D2			
C	/	/	/	/	/	/	/	/	/	/	/	/	/		
D	/	/	/	/	/	/	/	/	/	/	/	/	/		
E	/	/	/	/	/	/	/	/	/	/	/	/	/		
F	/	/	/	/	/	/	/	/	/	/	/	/	/		
Officer's Rank and Signature Print Name in Full		ofc Michael DeWall Michael DeWall		Badge/ID No. 2187		NCIC No. 02701		Precinct/Post Troop/Zone W52		Station/Beat/Sector 52		Reviewing Officer [Signature]		Date/Time Reviewed 8-28-10	

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes

10-263198

☐ AMENDED REPORT

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1	Accident Date Month: 08, Day: 07, Year: 2010		Day of Week Fri	Military Time 2117	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20		
2	VEHICLE 1					VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21	
3	VEHICLE 1 Driver License ID Number: 456542673, State of Lic.: NY					VEHICLE 2 - Driver License ID Number: _____, State of Lic.: _____						22	
4	Driver Name - exactly as printed on license: Jones, Lisa, T., Address (Include Number & Street): 1 Lexington Ct., Apt. No.: A-3, City or Town: Rochester, NY, State: NY, Zip Code: 14606					Driver Name - exactly as printed on license: James, Emmanuel, Address (Include Number & Street): 7 Devonshire Ct., Apt. No.: _____, City or Town: Rochester, NY, State: NY, Zip Code: 14619						23	
5	Date of Birth: 06/25/73, Sex: F, Unlicensed: <input type="checkbox"/> , No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>					Date of Birth: 02/07/03, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: _____, Public Property Damaged: <input type="checkbox"/>						24	
6	Name - exactly as printed on registration: Jones, Lisa, T., Sex: F, Date of Birth: 06/25/73, Address (Include Number & Street): 45 Devon Rd., Apt. No.: _____, Haz. Mat. Code: _____, Released: <input type="checkbox"/>					Name - exactly as printed on registration: _____, Sex: _____, Date of Birth: _____, Address (Include Number & Street): _____, Apt. No.: _____, Haz. Mat. Code: _____, Released: <input type="checkbox"/>						25	
7	City or Town: Rochester, NY, State: NY, Zip Code: 14619					City or Town: _____, State: _____, Zip Code: _____						26	
8	Plate Number: A2R6881, State of Reg.: NY, Vehicle Year & Make: 2002 Honda, Vehicle Type: HD, Ins. Code: 328					Plate Number: _____, State of Reg.: _____, Vehicle Year & Make: _____, Vehicle Type: _____, Ins. Code: _____						27	
9	Ticket/Arrest Number(s): _____					Ticket/Arrest Number(s): _____						28	
10	Violation Section(s): _____					Violation Section(s): _____						29	
11	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.		30
12	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 2, Enter up to three more Damage Codes: 3, 4, 5					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 1, Enter up to three more Damage Codes: 3, 4, 5					ACCIDENT DIAGRAM 1. Sideswipe (same direction), 2. Sideswipe (opposite direction), 3. Left Turn, 4. Right Turn, 5. Right Turn, 6. Left Turn, 7. Head On, 8. Head On		31
13	Vehicle By Towed: To: CBO					Vehicle By Towed: To: _____					Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32
14	Reference Marker: _____, Coordinates (if available): _____, Latitude/Northing: _____, Longitude/Easting: _____					Place Where Accident Occurred: County: Monroe, City: Village: Town: of: Rochester, Road on which accident occurred: 481 Thurston Rd., (Route Number or Street Name)					at 1) intersecting street: _____, (Route Number or Street Name) or 2) _____, (Milepost, Nearest Intersecting Route Number or Street Name)		33
15	Accident Description/Officer's Notes: Pedestrian ran into the street to get away from a barking dog when he was struck by veh 1. DI said she was driving south on Thurston Rd when pedestrian ran in front of her car causing her to strike pedestrian. Minor bruising and pain to pedestrian. Pedestrian grandmother was on scene (witness) Renita Howell 445 Post Ave. #2 576-1448											34	
16	ALL INVOLVED A: 1, B: 1, C: 4, D: 1, E: 36, F: 5, G: 12, H: 6, I: 9993, J: 2706, K: Emmanuel James, L: _____, M: _____, N: _____, O: _____, P: _____, Q: _____, R: _____, S: _____, T: _____, U: _____, V: _____, W: _____, X: _____, Y: _____, Z: _____											35	
17	Officer's Rank and Signature: T. J. Watson, Print Name in Full: BATSON, T. J.					Badge ID No.: 1631, NCIC No.: 02701, Precinct/Post Troop/Zone: West 52, Station/Beat Sector: St-Mul, Reviewing Officer: 1478, Date/Time Reviewed: 8/8/10/0316					36		

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

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19

9

1	Accident Date Month: 08 Day: 02 Year: 2010		Day of Week MON	Military Time 1304	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20
2	VEHICLE 1					VEHICLE 2					21
2	VEHICLE 1 - Driver License ID Number: 110516501 State of Lic: NY					VEHICLE 2 - Driver License ID Number: 676005813 State of Lic: NY					22
2	Driver Name - exactly as printed on license: ALSTON, ROBERTA M					Driver Name - exactly as printed on license: RASCOE, TRAVIS, L					23
2	Address (Include Number & Street): 179 LEIGHTON AV					Address (Include Number & Street): 1168 MICKINELL AV					24
2	City or Town: ROCHESTER State: NY Zip Code: 14609					City or Town: ROCHESTER State: NY Zip Code: 14619					25
3	Date of Birth: 03/04/76 Sex: F Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>					Date of Birth: 07/25/65 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>					26
3	Name - exactly as printed on registration: ZIMMER, ROBERTA					Name - exactly as printed on registration: DRIVER #2					27
3	Address (Include Number & Street): 483 MILL RD					Address (Include Number & Street):					28
3	City or Town: ROCHESTER State: NY Zip Code: 14626					City or Town: State: Zip Code:					29
3	Plate Number: EJB4669 State of Reg: NY Vehicle Year & Make: 1998 OLDS Vehicle Type: 40SD Ins. Code: 620					Plate Number: FD54552 State of Reg: NY Vehicle Year & Make: 1989 MBZ Vehicle Type: 20SD Ins. Code: 071					30
3	Ticket/Arrest Number(s): AAN7143415					Ticket/Arrest Number(s):					31
3	Violation Section(s): VTL 509-1					Violation Section(s):					32
4	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input checked="" type="checkbox"/> operated with an overweight permit; <input checked="" 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.					33
4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 3 4 5					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 8 Box 2 - Most Damage: 3 4 5					34
4	Vehicle By Towed: To CFBO					Vehicle By Towed: To CFBO					35
4	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					ACCORDING TO THE DIAGRAM, THE ACCIDENT WAS A REAR-END COLLISION. VEHICLE 1 WAS STOPPED AT A RED LIGHT. VEHICLE 2 WAS STOPPED AT A RED LIGHT. VEHICLE 1 WAS HIT FROM BEHIND BY VEHICLE 2. NO DAMAGE TO VEHICLE 1. NO INJURIES REPORTED. DRIVER #1 HAD NO LICENSE AND WAS ISSUED A VTL.					36
4	Reference Marker					Coordinates (if available) Latitude/Northing: Longitude/Easting:					37
4	Place Where Accident Occurred: County: MONK City: ROCHESTER Road on which accident occurred: BROOKS AV at 1) intersecting street: JAVASTON RD or 2) 36 Feet Miles of JAVASTON RD					Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No					38
4	Accident Description/Officer's Notes: VEH 2 WAS STOPPED E/B ON BROOKS DURING THE RED LIGHT. VEH 1 WAS E/B ON BROOKS AVE BEHIND VEH 2 AND WITH THE FRONT OF VEH 1 HIT THE REAR OF VEH 2. NO DAMAGE TO VEHICLE 1. NO INJURIES REPORTED. DRIVER #1 HAD NO LICENSE AND WAS ISSUED A VTL.					USE COVER SHEET					39
4	ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED					DATE 8/2/10 BY SP-5 JMM/MLL					40
4	Officer's Rank and Signature: P.O. J. M. Marshall					Badge/ID No.: 1840 NCIC No.: 027101 Precinct/Post: WEST Station/Beat: 53 Reviewing Officer: LT. H. Amm 048 Date/Time Reviewed: 8/2/10 1815hrs.					41

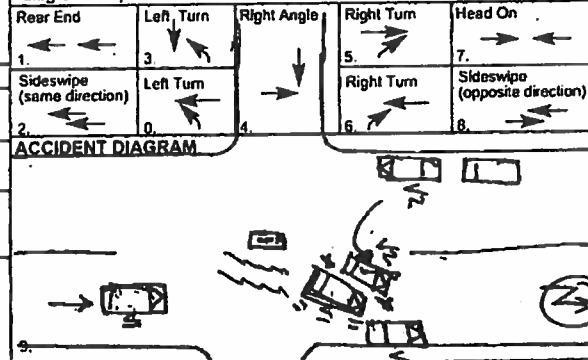
MV-104A (6/04)

DMV COPY

Accident Date Month 7 Day 30 Year 10		Day of Week FR		Military Time 1514		No. of Vehicles 2		No. Injured 1		No. Killed 0		Not Investigated at Scene Left Spine Accident Reconstructed		Left Spine Other Pedestrian		Police Photos Yes No															
VEHICLE 1																VEHICLE 2															
VEHICLE 1 - Driver License ID Number 554 253 234 State of Lic. NY																VEHICLE 2 - Driver License ID Number 182 39 223 State of Lic. NY															
Driver Name - exactly as printed on license For, Jeffrey																Driver Name - exactly as printed on license Wright, Jacquelyn															
Address (Include Number & Street) 170 Sullivan Rd																Address (Include Number & Street) PO Box 31315															
City or Town Rochester State NY Zip Code 14618																City or Town Rochester State NY Zip Code 14603															
Date of Birth Month 4 Day 17 Year 81 Sex M Unlicensed No. of Occupants 1 Public Property Damaged																Date of Birth Month 7 Day 10 Year 74 Sex F Unlicensed No. of Occupants 1 Public Property Damaged															
Name - exactly as printed on registration DRIVER																Name - exactly as printed on registration DRIVER															
Address (Include Number & Street)																Address (Include Number & Street)															
City or Town State Zip Code																City or Town State Zip Code															
Plate Number 4427 State of Reg. NY Vehicle Year & Make 2009 GMC Vehicle Type SUBN Ins. Code DT1																Plate Number BDT 958 State of Reg. NY Vehicle Year & Make 2003 LEX Vehicle Type SUBN Ins. Code 499															
Ticket/Arrest Number(s)																Ticket/Arrest Number(s)															
Violation Section(s)																Violation Section(s)															
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.															
VEHICLE 1 DAMAGE CODES																VEHICLE 2 DAMAGE CODES															
Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes																Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes															
Vehicle By Towed: C.F.R.O.																Vehicle By Towed: C.F.R.O.															
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER :																Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)															
Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:																Place Where Accident Occurred: County Monroe City Village Town of Rochester Road on which accident occurred Thurston Rd at 1) intersecting street Brooks Rd or 2) Feet Miles of (Milepost, Nearest intersecting Route Number or Street Name)															
Accident Description/Officer's Notes (V1) was stopped facing E @ Brooks/Thurston. (V1) was staring behind her bumper (V2) rear bumper @ an extremely low speed. Absolutely no damage to either vehicle. Originally we INT AFTER 30 MIN DRIV of (V2) contacted at a roadside.																USE COVER SHEET															
BY TO 18 Names of all involved Date of Death Only																BY TO 18 Names of all involved Date of Death Only															
OFFICER'S RANK AND SIGNATURE Print Name in Full Watson																BADGE/ID NO. NCIC NO. Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer Date/Time Reviewed															

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)Local Codes
10-244023

AMENDED REPORT DMV COPY

1	Accident Date Month <u>7</u> Day <u>24</u> Year <u>2010</u>	Day of Week <u>Sat.</u>	Military Time <u>1400</u>	No. of Vehicles <u>2</u>	No. Injured <u>—</u>	No. Killed <u>—</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN									
2	Vehicle 1 - Driver License ID Number <u>67H-750-846</u>	State of Lic. <u>NY</u>	Vehicle 2 - Driver License ID Number <u>716-509-451</u>	State of Lic. <u>NY</u>										
3	Driver Name - exactly as printed on license <u>King, Kazi Juma</u>	Address (Include Number & Street) <u>396 Brooks Ave</u>			Driver Name - exactly as printed on license <u>Jones, Jamaal D.</u>			Address (Include Number & Street) <u>114 Alameda St.</u>						
4	City or Town <u>Rochester, NY</u>	State <u>14613</u>	City or Town <u>Rochester, NY</u>	State <u>14613</u>										
5	Date of Birth Month <u>4</u> Day <u>23</u> Year <u>1974</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>(2)</u>	Date of Birth Month <u>3</u> Day <u>24</u> Year <u>1990</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>					
6	Name - exactly as printed on registration <u>Driver #1</u>	Sex <u>M</u>	Date of Birth Month <u>4</u> Day <u>23</u> Year <u>1974</u>	Name - exactly as printed on registration <u>Emerson LaQuanda F</u>	Sex <u>F</u>	Date of Birth Month <u>9</u> Day <u>9</u> Year <u>1991</u>								
7	Address (Include Number & Street) <u>426 Burr St.</u>	Apt. No. <u>—</u>	Haz. Mat. Code <u>—</u>	Released <input type="checkbox"/>	Address (Include Number & Street) <u>426 Burr St.</u>	Apt. No. <u>—</u>	Haz. Mat. Code <u>—</u>	Released <input type="checkbox"/>						
8	City or Town <u>Rochester, NY</u>	State <u>14613</u>	City or Town <u>Rochester, NY</u>	State <u>14613</u>										
9	Plate Number <u>ESV-6443</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2007 Toyota 4dr</u>	Ins. Code <u>100</u>	Plate Number <u>DX-6867</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2008 Chevy 4dr</u>	Ins. Code <u>327</u>						
10	Ticket/Arrest Number(s) <u>—</u>	Violation Section(s) <u>—</u>			Ticket/Arrest Number(s) <u>—</u>	Violation Section(s) <u>—</u>								
11	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.					
12	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>10</u> Box 2 - Most Damage <u>4</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>3</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				ACCIDENT DIAGRAM 					
13	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County <u>Monroe</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of <u>Rochester</u> Road on which accident occurred <u>398 Thurston Rd</u> (Route Number or Street Name) at 1) intersecting street <u>Anthony St.</u> (Route Number or Street Name) or <u>15</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Anthony St.</u> (Milepost / Nearest Intersecting Route Number or Street Name)				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					
14	Accident Description/Officer's Notes <u>(V1) operating his veh & traveling N/B on Thurston Rd did strike (V2) who was operating his veh and making a "K" turn on Thurston Rd, backing to get in position. Parking position. (V1) attempted to avoid (V2) but struck him, then slide into the curb in front of above listed location. (V1) sustained damage to: rear drivers side corner panel and front passenger side fender. (V2) & damage: transfer of</u>									USE COVER SHEET				
15	Names of all involved A <u>V1</u> <u>4</u> <u>1</u> <u>20</u> <u>M</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>Juma K. King</u> B <u>V1</u> <u>3</u> <u>4</u> <u>1</u> <u>24</u> <u>M</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>Chris Elmauton</u> C <u>* paint and molding on front passenger side pulled away from veh.</u> D <u>V2</u> <u>4</u> <u>1</u> <u>20</u> <u>M</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>Jamaal D. Jones</u> E <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> F <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u> <u>—</u>									Date of Death Only				
16	Officer's Rank and Signature <u>Det. J. G. Everson</u>		Badge/ID No. <u>525</u>		NCIC No. <u>02781</u>		Precinct/Post <u>WEST</u>		Station/Beat <u>53</u>		Reviewing Officer <u>J. R. O. 418</u>		Date/Time Reviewed <u>7-25-10, 1210 hrs.</u>	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

DMV COPY

Local Codes

10-234057

☐ AMENDED REPORT

1	Accident Date Month: 7 Day: 16 Year: 10		Day of Week FRI	Military Time 1900	No. of Vehicles 2	No. Injured 0	No. Killed 0	No. Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20		
2	VEHICLE 1					VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21	
2	VEHICLE 1 - Driver License ID Number: 359-164-485					VEHICLE 2 - Driver License ID Number: 857-290-137						21	
2	Driver Name - exactly as printed on license: Colquhoun, Rose X					Driver Name - exactly as printed on license: Burgess, LaKisha N						21	
2	Address (Include Number & Street): PO BOX 30403 / 134 Milton St					Address (Include Number & Street): 575 Post Ave						22	
2	City or Town: Rochester State: NY Zip Code: 14603					City or Town: Rochester State: NY Zip Code: 14619						22	
3	Date of Birth: 01/20/70 Sex: F Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>					Date of Birth: 5/21/80 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 0 Public Property Damaged: <input type="checkbox"/>						23	
3	Name - exactly as printed on registration: Whan, Co of ARIZONA					Name - exactly as printed on registration: Burgess, LaKisha N						23	
3	Address (Include Number & Street): PO BOX 21508					Address (Include Number & Street): 60 Peck St						23	
3	City or Town: Phoenix State: AZ Zip Code: 85036					City or Town: Rochester State: NY Zip Code: 14609						24	
3	Plate Number: AA 40472 State of Reg: AZ Vehicle Year & Make: 1996 Whan Truck					Plate Number: EWF-3533 State of Reg: NY Vehicle Year & Make: 2001 Honda 2DR						24	
3	Ticket/Arrest Number(s): AAN6506511					Ticket/Arrest Number(s): 59912414						25	
3	Violation Section(s): 509(1) unlicensed operator					Violation Section(s): NO STANDING (PARKING violation)						25	
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.		26
6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 8 7 Enter up to three more Damage Codes: 3 4 5					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2 2 Box 2 - Most Damage: 2 2 Enter up to three more Damage Codes: 3 4 5					ACCIDENT DIAGRAM		26
6	Vehicle Towed: By CFBO / NO Damage To					Vehicle Towed: By CFBO To							27
6	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Diagram showing vehicle damage coding locations (1-13).							28
6	Reference Marker: <input type="checkbox"/> Coordinates (if available): Latitude/Northing: Longitude/Easting:					Place Where Accident Occurred: County: Monroe City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Twn of: Rochester Road on which accident occurred: Thurston Rd at 1) intersecting street: Anthony St or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of: <input type="checkbox"/> (Milepost, Nearest intersecting Route Number or Street Name)							29
6	Accident Description/Officer's Notes: V1 is a Whan truck and began to move from a parked position on Thurston Rd, near Anthony St. V1 began to reverse, and struck V2 which had just parked behind V1. V1's trailer hitch damaged V2's vehicle near the front license plate. NO Damage to V1 and NO injuries. V1 was ticketed for operating the Whan truck with NO NYS License and V2 was ticketed for parking in a NO STANDING zone.												30
6	ALL INVOLVED					Names of all involved					Date of Death Only		30
6	A 1 40 F 6 1012					Rose Colquhoun							30
6	B 3 43 M 6 1012					John Lee							30
6	C 2 30 F 6 1012					LaKisha N Burgess							30
6	D												30
6	E												30
6	F												30
6	Officer's Rank and Signature: POMGyaback					Badge/ID No.: 1684 NCIC No.: 02701 Precinct/Post: W 52 Station/Beat: 1012					Date/Time Reviewed: 7-17-10/1646		30

POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-221542

AMENDED REPORT

1	Accident Date Month: 7, Day: 7, Year: 10	Day of Week WED	Military Time 1130	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 Driver License ID Number: Unknown	State of Lic.: X	VEHICLE 2 Driver License ID Number: unoccupied	State of Lic.: X
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3	Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code	Apt. No.	Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code	Apt. No.
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4	Date of Birth Month: 1, Day: 1, Year: 10	Sex: X	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 1, Day: 1, Year: 10	Sex: X	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
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5	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code	Sex: X	Date of Birth Month: 1, Day: 1, Year: 10	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code	Sex: X	Date of Birth Month: 1, Day: 1, Year: 10
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6	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code
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7	Ticket/Arrest Number(s) Violation Section(s)	Ticket/Arrest Number(s) Violation Section(s)
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8	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.
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9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes
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10	Vehicle By Towed: To X	Vehicle By Towed: To CFBD
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11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Diagram showing vehicle damage codes 1-13.
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12	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE City: Village: Town: of Rochester Road on which accident occurred: 661 Thurston Rd at 1) intersecting street or 2) _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)
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13	Accident Description/Officer's Notes Veh 2 was parked along the western curb in front of 661 Thurston Rd (Facing South) between 11:30hrs and 1200hrs while its owner was at the post office. When the owner returned to the vehicle she did learn that the vehicle received damage to the driver side front fender and headlight with white paint transfer. Veh 2 was unoccupied during the incident. Patrols at the scene at 661 Thurston Rd saw nothing (no) did check with city cameras but nothing was captured on video. Hi R card on file.
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14	Names of all involved Date of Death Only
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15	Officer's Rank and Signature Print Name in Full	Badge/ID No. 2015	NCIC No. OTPI	Precinct/Post Troop/Zone WEST	Station/Beat Sector 53	Reviewing Officer [Signature]	Date/Time Reviewed 7-7-10 1830
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16	ALL INVOLVED
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17	USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-191277

☒ AMENDED REPORT

1	Accident Date Month <u>6</u> Day <u>14</u> Year <u>2010</u>	Day of Week <u>Monday</u>	Military Time <u>1650</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20	
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21
3	VEHICLE 1 - Driver License ID Number <u>430 422 552</u> State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>112 401 671</u> State of Lic. <u>NY</u>						22
4	Driver Name - exactly as printed on license <u>Tates, Jesse D</u>				Driver Name - exactly as printed on license <u>Ridley, Kerrie M</u>						23
5	Address (Include Number & Street) <u>1909 Roosevelt Hwy</u>				Address (Include Number & Street) <u>484 Westfield St</u>						24
6	City or Town <u>Hilton</u> State <u>NY</u> Zip Code <u>14468</u>				City or Town <u>Lockester</u> State <u>NY</u> Zip Code <u>14619</u>						25
7	Date of Birth Month <u>11</u> Day <u>14</u> Year <u>90</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> No. of Property Damaged <input type="checkbox"/>				Date of Birth Month <u>3</u> Day <u>11</u> Year <u>70</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> No. of Property Damaged <input type="checkbox"/>						26
8	Name - exactly as printed on registration <u>Suburban Diesel</u>				Name - exactly as printed on registration <u>Ridley, Kerrie M</u>						27
9	Address (Include Number & Street) <u>22 Turner St</u>				Address (Include Number & Street) <u>484 Westfield St</u>						28
10	City or Town <u>Spencerport</u> State <u>NY</u> Zip Code <u>14559</u>				City or Town <u>Lockester</u> State <u>NY</u> Zip Code <u>14619</u>						29
11	Plate Number <u>B470 JC</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1997 Ford Truck</u> Ins. Code <u>018</u>				Plate Number <u>DZD9608</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2003 Chevy</u> Ins. Code <u>4DSD 41B</u>						30
12	Ticket/Arrest Number(s) <u>-</u>				Ticket/Arrest Number(s) <u>-</u>						31
13	Violation Section(s) <u>-</u>				Violation Section(s) <u>-</u>						32
14	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.						33
15	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes						34
16	Vehicle By Towed: <u>CFBO</u>				Vehicle By Towed: <u>CFBO</u>						35
17	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Diagram #1						36
18	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:						37
19	Place Where Accident Occurred: County <u>Monroe</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Lockester</u> Road on which accident occurred <u>Thurston</u> (Route Number or Street Name) -at- <u>1</u> intersecting street (Route Number or Street Name) <u>at 100</u> <u>of Anthony St</u> (Milepost, Nearest intersecting Route Number or Street Name)				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No						38
20	Accident Description/Officer's Notes <u>(V1) operated by (D1) rear ends (V1) operated by (D2) when she brakes to avoid hitting uninvolved vehicle that stopped quickly. (D2) taken to Strong with complaint of back pain. Vehicle CFBO.</u>				Names of all involved <u>Tates, Jesse D</u> <u>Williams, Charles</u> <u>Ridley, Kerrie M</u>						39
21	ALL INVOLVED				Date of Death Only						40
22	A 1 1 4 1 19 M - 13 6 - -				Tates, Jesse D						41
23	B 1 3 4 1 40 M - 13 6 - -				Williams, Charles						42
24	C 2 1 4 1 52 F 6 12 6 993-993				Ridley, Kerrie M						43
25	D										44
26	E										45
27	F										46
28	Officer's Rank and Signature <u>Det. J. M. Stewart</u>				Badge/ID No. <u>750</u> NCIC No. <u>02</u> Precinct/Post Troop/Zone <u>701</u> Station/Beat/Sector <u>W 52</u> Reviewing Officer <u>J. M. Stewart</u> Date/Time Reviewed <u>6/24/10 2:20</u>						47

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)Local Code **ROD**
10-180512☐ AMENDED REPORT

DMV COPY

19
3

1.	Accident Date Month <u>06</u> Day <u>05</u> Year <u>2010</u>		Day of Week <u>SA</u>	Military Time <u>2030</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20																																																																																																															
2.	VEHICLE 1 Vehicle 1 - Driver License ID Number <u>48R</u> Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Vehicle 2 - Driver License ID Number <u>Parked</u> Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code						21																																																																																																															
3.	Date of Birth Month <u>09</u> Day <u>01</u> Year <u>81</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>11</u> Day <u>18</u> Year <u>85</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>						22																																																																																																															
4.	Name - exactly as printed on registration <u>White, George</u> Sex <u>M</u> Date of Birth Month <u>09</u> Day <u>01</u> Year <u>81</u> Address (Include Number & Street) <u>344 Babcock Rd</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14619</u>				Name - exactly as printed on registration <u>Broughton, Ashley, L</u> Sex <u>F</u> Date of Birth Month <u>11</u> Day <u>18</u> Year <u>85</u> Address (Include Number & Street) <u>15 Haymarket Rd</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14624</u>						23																																																																																																															
5.	Plate Number <u>EPH 1536</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1996 Chevy</u> Vehicle Type <u>Pick</u> Ins. Code <u>318</u>				Plate Number <u>8BK 7072</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2008 Honda</u> Vehicle Type <u>Pick</u> Ins. Code <u>488</u>						24																																																																																																															
6.	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)						25																																																																																																															
7.	Violation Section(s)				Violation Section(s)						26																																																																																																															
8.	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.		27																																																																																																															
9.	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>X</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>2</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				ACCIDENT DIAGRAM 1. <u>1</u> 2. <u>2</u> 3. <u>3</u> 4. <u>4</u> 5. <u>5</u> 6. <u>6</u> 7. <u>7</u> 8. <u>8</u>		28																																																																																																															
10.	Vehicle Towed: By <u>driver</u> To <u>removed</u>				Vehicle Towed: By <u>driver</u> To <u>removed</u>				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No		29																																																																																																															
11.	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred <u>Thurston</u> at 1) intersecting street <u>milton</u> or 2) <u>Feet</u> <u>Miles</u> of <u>(Milepost, Nearest intersecting Route Number or Street Name)</u>						30																																																																																																															
12.	Accident Description/Officer's Notes <u>V2 was parked SB on Thurston at Milton unoccupied. An unidentified female told V2 other that vehicle backed into her parked car at the location and fled SB on Thurston Rd. Registered owner's residence was checked but address is not good. Minor damage to V2 on the front bumper. No other addresses on file for Street residence.</u>										USE COVER SHEET																																																																																																															
13.	<table border="1"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>9</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>Parked</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only	A	1	1	9	1	1	1	1	1	1	1	1	1	1	Parked		B	2	1	1	1	1	1	1	1	1	1	1	1	1			C																D																E																F															
	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only																																																																																																											
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F																																																																																																																										
14.	Officer's Rank and Signature <u>Po C. Morehouse</u>				Badge/ID No. <u>1916</u> NCIC No. <u>0270</u>		Precinct/Post Troop/Zone <u>West</u> Station/Beat Sector <u>S2</u>		Reviewing Officer <u>Sgt</u>		Date/Time Reviewed <u>6-5-10 2249</u>																																																																																																															

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (8/04)

Local Code: **10-127605**

☐ AMENDED REPORT

DMV COPY

1 Accident Date Month: 06 Day: 03 Year: 201		Day of Week: Thur		Military Time: 0340		No. of Vehicles: 3		No. Injured: 0		No. Killed: 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
VEHICLE 1 VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																												
VEHICLE 1 - Driver License ID Number: 944488741 State of Lic.: N.Y. Driver Name - exactly as printed on license: Teague, Mark L Address (Include Number & Street): 199 Kearney Dr Apt. No.: City or Town: Rochester State: NY Zip Code: 14617																																																																																																												
VEHICLE 2 - Driver License ID Number: Parked State of Lic.: Driver Name - exactly as printed on license: Address (Include Number & Street): City or Town: State: Zip Code:																																																																																																												
3 Date of Birth: Month: 02 Day: 01 Year: 80 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: Spann, John A Sex: M Date of Birth: Month: 02 Day: 01 Year: 80 Address (Include Number & Street): 165 Lake St Apt. No.: B3 Haz. Mat. Code:																																																																																																												
Date of Birth: Month: 03 Day: 16 Year: 83 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 0 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: Fulton, Tiffany Sex: F Date of Birth: Month: 03 Day: 16 Year: 83 Address (Include Number & Street): 31 Riverside Dr Apt. No.: Haz. Mat. Code:																																																																																																												
4 City or Town: Perry State: NY Zip Code: 14530 City or Town: Rochester State: NY Zip Code: 14623																																																																																																												
5 Plate Number: EKV 7978 State of Reg.: NY Vehicle Year & Make: 2006 chev Vehicle Type: SUBN Ins. Code: 148 Plate Number: DNV 9180 State of Reg.: NY Vehicle Year & Make: 2003 Buick Vehicle Type: SUBN Ins. Code: 327																																																																																																												
Ticket/Arrest Number(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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 4 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5																																																																																																												
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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 11 Box 2 - Most Damage: 11 Enter up to three more Damage Codes: 10 4 5																																																																																																												
7 Vehicle By Towed: To CFBO Vehicle By Towed: To CFBO																																																																																																												
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																																																																																																												
8 Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:																																																																																																												
9 Place Where Accident Occurred: County: MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rochester Road on which accident occurred: Thurston Rd (Route Number or Street Name) at 1) intersecting street: Thurston Rd (Route Number or Street Name) or 2) 100 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Ravenwood Ave (Milepost, Nearest Intersecting Route Number or Street Name)																																																																																																												
10 Accident Description/Officer's Notes: Driver 1 states he was driving south on Thurston Road when his front passenger tire blew out when the tire blew out his vehicle 1 went slightly right causing it to strike the left sides of vehicles 2 & 3 with the right side of his vehicle																																																																																																												
11 ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>Names of all Involved</th> <th>Date of Death Only</th> </tr> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>30</td> <td>M</td> <td>-</td> <td>-</td> <td>6</td> <td>-</td> <td>Driver 1</td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																		8	9	10	11	12	13	14	15	16	17	18	Names of all Involved	Date of Death Only	A	1	1	4	1	30	M	-	-	6	-	Driver 1		B													C													D													E													F												
8	9	10	11	12	13	14	15	16	17	18	Names of all Involved	Date of Death Only																																																																																																
A	1	1	4	1	30	M	-	-	6	-	Driver 1																																																																																																	
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F																																																																																																												
12 Officer's Rank and Signature: PO [Signature] Badge/ID No.: 2038 NCIC No.: 02701 Precinct/Post: West Station/Beat: 47 Reviewing Officer: JG Date/Time Reviewed: 4/6/10 0148																																																																																																												

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Local Codes

10-127105

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT

DMV COPY

1	Accident Date Month Day Year 06 03 10	Day of Week Thurs	Military Time 0340	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
2	VEHICLE 1 - Driver License ID Number Parked				VEHICLE 2 - Driver License ID Number						21
3	Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code				Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code						22
4	Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 02 10 10 F 0				Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 02 10 10 F 0						23
5	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code				Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code						24
6	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code EUN 8898 NY 1995 Nissan 4D 100				Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code EUN 8898 NY 1995 Nissan 4D 100						25
7	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)						26
8	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.						27
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To CFBO				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To						28
10	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No						29
11	Reference Marker Coordinates (If available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County City Village Town of Road on which accident occurred (Route Number or Street Name) at 1) Intersecting street (Route Number or Street Name) or 2) Feet Miles of (Milepost, Nearest intersecting Route Number or Street Name)						30
Accident Description/Officer's Notes See Page #1											31

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 Print Name Full Kirk J.	Badge/ID No. 2038	NCIC No. 02701	Precinct/Post Troop/Zone West	Station/Beat Sector 47	Reviewing Officer JG	Date/Time Reviewed 6/6/10 0148 hrs
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USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

DMV COPY

Local Codes

10-155289

☐ AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
1	Month <u>5</u> Day <u>17</u> Year <u>10</u>	<u>Mon</u>	<u>1305</u>	<u>2</u>	<u>0</u>	<u>0</u>	<input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE 1

VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.
1	<u>938 767 788</u>	<u>NY</u>	<u>348 908 628</u>	<u>NY</u>
1	Driver Name - exactly as printed on license	Apt. No.	Driver Name - exactly as printed on license	Apt. No.
1	<u>Jones, Robert A</u>	<u>-</u>	<u>Williams, Robert L</u>	<u>-</u>
1	Address (Include Number & Street)	City or Town	Address (Include Number & Street)	City or Town
1	<u>59 New Wickham Dr</u>	<u>Pentfield</u>	<u>111 Aldine St.</u>	<u>Roch.</u>
1	State <u>NY</u> Zip Code <u>14526</u>	State <u>NY</u> Zip Code <u>14619</u>		
3	Date of Birth	Sex	Date of Birth	Sex
1	Month <u>2</u> Day <u>9</u> Year <u>56</u>	<u>M</u>	Month <u>3</u> Day <u>19</u> Year <u>40</u>	<u>M</u>
1	Name - exactly as printed on registration	Sex	Name - exactly as printed on registration	Sex
1	<u>Driver 1</u>		<u>Driver 2</u>	
1	Address (Include Number & Street)	Apt. No.	Address (Include Number & Street)	Apt. No.
1	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
4	City or Town	State	City or Town	State
1	<u>Pentfield</u>	<u>NY</u>	<u>Roch.</u>	<u>NY</u>

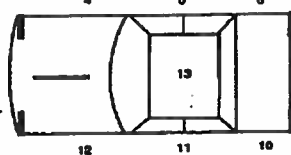
5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
1	<u>EGD7320</u>	<u>NY</u>	<u>08 Merc</u>	<u>LL</u>	<u>182</u>	<u>ELS9576</u>	<u>NY</u>	<u>79 Chev</u>	<u>2D</u>	<u>182</u>
1	Ticket/Arrest Number(s)		Ticket/Arrest Number(s)			1				
1	<u>-</u>		<u>-</u>			1				
1	Violation Section(s)		Violation Section(s)			1				
1	<u>-</u>		<u>-</u>			1				

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.	
1	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;		
1	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;		
1	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;		
1	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.		
7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM	
2	Box 1 - Point of Impact	Box 1 - Point of Impact	Enterprise	
1	Box 2 - Most Damage	Box 2 - Most Damage		
1	Enter up to three more Damage Codes	Enter up to three more Damage Codes		
1	Vehicle By <u>CFBO</u>	Vehicle By <u>CFBO</u>		
1	Towed To	Towed To		

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

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



Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
<u>-</u>	Latitude/Northing:	County <u>Monroe</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u>
<u>-</u>	Longitude/Easting:	Road on which accident occurred <u>Thurston Rd</u> (Route Number or Street Name)
<u>-</u>		at 1) intersecting street <u>-</u> (Route Number or Street Name)
<u>-</u>		or 2) <u>50</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Enterprise St</u> (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes
<u>Driver 1 said he was looking to park his vehicle. He said he drove past vehicle 2 a little and then began to back up to parallel park behind vehicle 2. Driver 1 said he was looking at his back up video monitor. As vehicle 1 went past and began to back up vehicle 2 pulled out and the two collided.</u>

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	M	-	-	-	-	-	-	-	-	Jones, Robert A	-
B	2	1	4	1	M	-	-	-	-	-	-	-	-	Williams, Robert L	-
C														No Witness	
D														No Injury	
E														Minor Damage	
F															

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
<u>POD Williams</u>	<u>1541</u>	<u>02701</u>	<u>W</u>	<u>52</u>	<u>11565 Kuehn 16</u>	<u>1322 5/17/10</u>
Print Name in Full						
<u>D. Williams</u>						

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes

10-144694

AMENDED REPORT

DMV COPY

1	Accident Date Month <u>5</u> Day <u>8</u> Year <u>10</u>		Day of Week <u>SAT</u>	Military Time <u>0930</u>	No. of Vehicles <u>2</u>	No. Injured <u>2</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20																																																																																																					
2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		21																																																																																																					
3	VEHICLE 1 - Driver License ID Number <u>392-841-926</u> <u>Permit only</u> State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>818-798-555</u> State of Lic. <u>NY</u>						22																																																																																																					
4	Driver Name - exactly as printed on license <u>Webb, Emerald, L</u>				Driver Name - exactly as printed on license <u>Chess, Jarell, M</u>						23																																																																																																					
5	Address (Include Number & Street) <u>61 Lime St</u> Apt. No. <u>1</u>				Address (Include Number & Street) <u>182 Lehigh Ave</u> Apt. No. <u>-</u>						24																																																																																																					
6	City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14606</u>				City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14619</u>						25																																																																																																					
7	Date of Birth Month <u>01</u> Day <u>28</u> Year <u>87</u> Sex <u>F</u> Unlicensed <input checked="" type="checkbox"/>				Date of Birth Month <u>2</u> Day <u>28</u> Year <u>90</u> Sex <u>M</u> Unlicensed <input type="checkbox"/>						26																																																																																																					
8	Name - exactly as printed on registration <u>Dunnichugh, K.R., L</u> Sex <u>M</u> Date of Birth Month <u>11</u> Day <u>23</u> Year <u>89</u>				Name - exactly as printed on registration <u>Same</u> Sex <u>-</u> Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>						27																																																																																																					
9	Address (Include Number & Street) <u>61 Lime St</u> Apt. No. <u>-</u> Haz. Mat. Code <input type="checkbox"/>				Address (Include Number & Street) <u>-</u> Apt. No. <u>-</u> Haz. Mat. Code <input type="checkbox"/>						28																																																																																																					
10	City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14606</u>				City or Town <u>-</u> State <u>-</u> Zip Code <u>-</u>						29																																																																																																					
11	Plate Number <u>EWG-2846</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2000 Dodge</u> Vehicle Type <u>Van</u> Ins. Code <u>327</u>				Plate Number <u>ELT-9454</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1993 Olds</u> Vehicle Type <u>Olds</u> Ins. Code <u>327</u>						30																																																																																																					
12	Ticket/Arrest Number(s) <u>AANG503884</u>				Ticket/Arrest Number(s) <u>-</u>																																																																																																											
13	Violation Section(s) <u>509-1 permit only</u>				Violation Section(s) <u>-</u>																																																																																																											
14	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.																																																																																																							
15	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>2</u> <u>2</u> Box 2 - Most Damage <u>3</u> <u>3</u> <u>5</u> Enter up to three more Damage Codes <u>1</u> <u>3</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> <u>2</u> Box 2 - Most Damage <u>2</u> <u>3</u> <u>12</u> Enter up to three more Damage Codes <u>2</u> <u>3</u> <u>12</u>																																																																																																											
16	Vehicle By <u>CFBO</u> Towed: To <u>CFBO</u>				Vehicle By <u>Don + Sam</u> Towed: To <u>GARAGE</u>																																																																																																											
17	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 checked="" type="checkbox"/> Unknown/Unable to Determine. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																											
18	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred <u>Thurston Rd.</u> (Route Number or Street Name) at 1) intersecting street <u>Hillendale</u> (Route Number or Street Name) or 2) <u>-</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>-</u> (Milepost, Nearest intersecting Route Number or Street Name)																																																																																																							
19	Accident Description/Officer's Notes <u>Veh 1 was S/B on Thurston rd. Veh 2 was at Hillendale + Thurston rd facing E/B. Veh 2 was attempting to pull out into S/B Thurston rd. parked veh's on the west side of Thurston rd blocked Driver 2's view of Thurston rd. Veh 2 pulled out into Thurston causing Veh 1 to strike Veh 2's front end with it's front end. Driver 1 + passengers of Veh 2 both went to the Hospital with the complaint of pain.</u>																																																																																																															
20	<table border="1"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>23</td> <td>F</td> <td>12</td> <td>12</td> <td>6</td> <td>9932</td> <td>2706</td> <td>Webb, Emerald</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>20</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Chess, Jarell</td> <td></td> </tr> <tr> <td>C</td> <td>1</td> <td>3</td> <td>4</td> <td>1</td> <td></td> <td>F</td> <td>12</td> <td>12</td> <td>6</td> <td></td> <td>2706</td> <td>Holland, Chynesta</td> <td>4/17/71</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>													8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	4	1	23	F	12	12	6	9932	2706	Webb, Emerald		B	2	1	4	1	20	M	-	-	-	-	-	Chess, Jarell		C	1	3	4	1		F	12	12	6		2706	Holland, Chynesta	4/17/71	D														E														F													
	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only																																																																																																	
A	1	1	4	1	23	F	12	12	6	9932	2706	Webb, Emerald																																																																																																				
B	2	1	4	1	20	M	-	-	-	-	-	Chess, Jarell																																																																																																				
C	1	3	4	1		F	12	12	6		2706	Holland, Chynesta	4/17/71																																																																																																			
D																																																																																																																
E																																																																																																																
F																																																																																																																
21	Officer's Rank and Signature <u>MCNEES</u>				Badge/ID No. <u>1398</u>		NCIC No. <u>02701</u>		Precinct/Post <u>West</u>		Station/Beat/ Sector <u>53</u>		Reviewing Officer <u>JR2</u>		Date/Time Reviewed <u>4:8 5-8-10, 1450 hrs.</u>																																																																																																	

19
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes

10-143095

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 05 Day: 06 Year: 2010	Day of Week THUR	Military Time 2316	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20																																																																																																																
2	VEHICLE 1 License ID Number: HIT & RUN Driver Name - exactly as printed on license: X Address (Include Number & Street): X City or Town: X State: X Zip Code: X				VEHICLE 2 License ID Number: PARKED Driver Name - exactly as printed on license: - Address (Include Number & Street): - City or Town: - State: - Zip Code: -				21																																																																																																																	
3	Date of Birth: Month: M Day: - Year: - Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>				Date of Birth: Month: - Day: - Year: - Sex: - Unlicensed: <input type="checkbox"/> No. of Occupants: - Public Property Damaged: <input type="checkbox"/>				22																																																																																																																	
4	Name - exactly as printed on registration: FRIZOL, HEATHER, R F Date of Birth: 07/19/80				Name - exactly as printed on registration: PRATT, KEVON, A M Date of Birth: 05/31/87				23																																																																																																																	
5	Address (Include Number & Street): 50 HILLENDALE ST Apt. No. - Haz. Mat. Code: - Released: <input type="checkbox"/>				Address (Include Number & Street): 7382 CANTERBURY Apt. No. - Haz. Mat. Code: - Released: <input type="checkbox"/>				24																																																																																																																	
6	City or Town: ROCHESTER State: NY Zip Code: 14619				City or Town: SPRING HILL State: FL Zip Code: 34606				25																																																																																																																	
7	Plate Number: FBS2581 State of Reg: NY Vehicle Year & Make: 1996 PONT Vehicle Type: 9D Ins. Code: 999				Plate Number: 332 TDA State of Reg: FL Vehicle Year & Make: 2002 VOLK Vehicle Type: 4D Ins. Code: 106				26																																																																																																																	
8	Ticket/Arrest Number(s): - Violation Section(s): -				Ticket/Arrest Number(s): - Violation Section(s): -				27																																																																																																																	
9	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.				28																																																																																																																	
10	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 4 4 Box 2 - Most Damage: 5 4 5 Enter up to three more Damage Codes: 5 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 11 12 Box 2 - Most Damage: 1 4 5 Enter up to three more Damage Codes: 1 4 5				29																																																																																																																	
11	Vehicle By: JOHN & SON COL. Towed: To:				Vehicle By: JOHN & SON COL. Towed: To:				30																																																																																																																	
12	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 				31																																																																																																																	
13	Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County: MONROE City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> Road on which accident occurred: 374 THURSTON RD (Route Number or Street Name) at 1) intersecting street: 35 - (Route Number or Street Name) or 2) 35 - (Route Number or Street Name) of MILTON ST (Milepost, Nearest intersecting Route Number or Street Name)				32																																																																																																																	
14	Accident Description/Officer's Notes: THE OWNER OF VEH #2 STATES HIS CAR WAS PARKED AT ABOVE LOCATION WHEN VEH #1 SIDESWIPE HIS UNLOADED VEH. VEH #1 FRIEND WAS ABLE TO GET PLATE NUMBER. A SHORT TIME LATER VEH #1 WAS REPORTED AS BEING DITCHED/ABANDONED IN FRONT OF A DRIVEWAY ON 27 FILLMORE ST. DAMAGE WAS CONSISTENT. MALE DRIVER WAS OBSERVED FLEEING.									33																																																																																																																
15	ALL INVOLVED: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>BY</th><th>TO</th><th>18</th><th>Names of all involved</th><th>Date of Death Only</th></tr> <tr> <td>A</td><td>1</td><td>1</td><td>X</td><td>1</td><td>X</td><td>M</td><td>X</td><td>X</td><td>X</td><td>-</td><td>-</td><td>-</td><td>-</td><td>X</td><td>-</td></tr> <tr> <td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>									8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	X	1	X	M	X	X	X	-	-	-	-	X	-	B																C																D																E																F																34
8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only																																																																																																											
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F																																																																																																																										
16	Officer's Rank and Signature: P.O. A. Johnston				Badge/ID No.: 1785		NCIC No.: 02701		Precinct/Post Troop/Zone: WEST 52		Station/Beat/ Sector: 708		Date/Time Reviewed: 5/8/10 0636		35																																																																																																											

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes

10-133668

☐ AMENDED REPORT

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1	Accident Date Month <u>4</u> Day <u>29</u> Year <u>2010</u>	Day of Week <u>THURS</u>	Military Time <u>1715</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	VEHICLE 1 License ID Number <u>107 889 002</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>SMITH, CHRISTINA, J.</u> Address (Include Number & Street) <u>14544 ARLINGTON TER.</u> Apt. No. <u>2</u> City or Town <u>JAMAICA</u> State <u>NY</u> Zip Code <u>11435</u> Date of Birth <u>7/17/1986</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <u>GRAHAM, JAMAL, J.</u> Sex <u>M</u> Date of Birth <u>10/13/78</u> Address (Include Number & Street) <u>21 A. PLACE</u> Apt. No. <u>B</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u> Plate Number <u>EYF-9776</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2000 CHEV</u> Vehicle Type <u>4DSD</u> Ins. Code <u>OIG</u>				VEHICLE 2 License ID Number <u>791 326 449</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>ELSAW, VALERIE</u> Address (Include Number & Street) <u>70 MAYFIELD STREET</u> Apt. No. <u>-</u> City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14609</u> Date of Birth <u>6/16/1966</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <u>DRIVER</u> Sex <u>-</u> Date of Birth <u>-</u> Address (Include Number & Street) <u>-</u> Apt. No. <u>-</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>-</u> State <u>-</u> Zip Code <u>-</u> Plate Number <u>EFV-2510</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2002 SATURN</u> Vehicle Type <u>4DSD</u> Ins. Code <u>OIG</u>					
3	Ticket/Arrest Number(s) <u>-</u> Violation Section(s) <u>-</u>									
4	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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>2</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle By Towed: To <u>CFBO</u> VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER									
5	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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>8</u> Box 2 - Most Damage <u>8</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle By Towed: To <u>CFBO</u>									
6	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Slideswipe (same direction) Left Turn Right Turn Slideswipe (opposite direction) ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No									
7	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON ROAD</u> (Route Number or Street Name) at 1) intersecting street <u>FLANDERS PLACE</u> (Route Number or Street Name) or 2) <u>-</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>-</u> (Milepost, Nearest intersecting Route Number or Street Name) Feet Miles									
8	Accident Description/Officer's Notes <u>V2 TURNING RIGHT ONTO FLANDERS PL FROM TRAVELING S/B ON THURSTON RD. V1 THEN STRUCK V2 WHILE V2 ATTEMPTED TO COMPLETE THE TURN.</u>									

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	
	A	1	1	4	1	23	F	-	-	-	-	-	-	CHRISTINA SMITH	-	
	B	2	1	4	1	44	F	-	-	-	-	-	-	VALERIE ELSAW	-	
	C															
	D															
	E															
	F															
Officer's Rank and Signature	PS. <u>THOMAS DEANE III</u>				Badge/ID No.	1954		NCIC No.	02701		Precinct/Post Troop/Zone	WEST		Station/Beat Sector	53	
Print Name In Full	THOMAS DEANE III				Reviewing Officer	DMS				Date/Time Reviewed	5/1/10					

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)Local Codes
16113 828☐ AMENDED REPORT **DMV COPY**

1 Accident Date Month <u>4</u> Day <u>13</u> Year <u>2010</u>		Day of Week <u>Tuesday</u>		Military Time <u>1344</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/>							
2																							
VEHICLE 1						VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																	
VEHICLE 1 - Driver License ID Number <u>532458121</u>						State of Lic. <u>NY</u>						VEHICLE 2 Driver License ID Number <u>805969478</u>						State of Lic. <u>NY</u>					
Driver Name - exactly as printed on license <u>Oliver - Moore, Teara, S</u>						Driver Name - exactly as printed on license <u>Jones, Tina, M</u>																	
Address (Include Number & Street) <u>193 N. Union St.</u>						Apt. No. <u></u>						Address (Include Number & Street) <u>15 Savannah St.</u>						Apt. No. <u>16</u>					
City or Town <u>Rochester</u>						State <u>NY</u>						City or Town <u>Rochester</u>						State <u>NY</u>					
Zip Code <u>14605</u>						Zip Code <u>14607</u>																	
3 Date of Birth Month <u>7</u> Day <u>30</u> Year <u>90</u>		Sex <u>F</u>		Unlicensed <input checked="" type="checkbox"/>		No. of Occupants <u>1</u>		Public Property Damaged <input type="checkbox"/>		Date of Birth Month <u>2</u> Day <u>13</u> Year <u>82</u>		Sex <u>F</u>		Unlicensed <input type="checkbox"/>		No. of Occupants <u>1</u>		Public Property Damaged <input type="checkbox"/>					
Name - exactly as printed on registration <u>Oliver - Moore, Teara, S</u>										Name - exactly as printed on registration <u>Chipembere, Nicole, L</u>													
Address (Include Number & Street) <u>193 N. Union St.</u>										Address (Include Number & Street) <u>709 Ramona St.</u>													
City or Town <u>Rochester</u>										City or Town <u>Rochester</u>													
State <u>NY</u>										State <u>NY</u>													
Zip Code <u>14605</u>										Zip Code <u>14615</u>													
Plate Number <u>EPL8251</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>1997 Pontiac</u>		Vehicle Type <u>4D</u>		Ins. Code <u>404</u>		Plate Number <u>ONL6605</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>1999 CADILLAC</u>		Vehicle Type <u>4D</u>		Ins. Code <u>169</u>					
Ticket/Arrest Number(s) <u>-</u>										Ticket/Arrest Number(s) <u>-</u>													
Violation Section(s) <u>-</u>										Violation Section(s) <u>-</u>													
8 VEHICLE 1 DAMAGE CODES										8 VEHICLE 2 DAMAGE CODES													
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.													
Box 1 - Point of Impact <u>2</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3 4 5</u>										Box 1 - Point of Impact <u>8</u> Box 2 - Most Damage <u>8</u> Enter up to three more Damage Codes <u>3 4 5</u>													
Vehicle By Towed: <u>CFBO</u>										Vehicle By Towed: <u>CFBO</u>													
VEHICLE DAMAGE CODING:										1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER													
Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:										Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> at 1) intersecting street <u></u> or 2) <u>15</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>MIOVALE TERRACE</u> Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)													
Accident Description/Officer's Notes <u>VEHICLE 1 WAS HEADING SOUTHBOUND ON THURSTON RD AND WAS FOLLOWING BEHIND VEHICLE 2, WHICH WAS ALSO HEADING SOUTHBOUND ON THURSTON RD. VEHICLE 2 CAME TO A STOP DUE TO TRAFFIC AND VEHICLE 1 FAILED TO STOP STRIKING THE REAR OF VEHICLE 2. DRIVER OF VEHICLE 1 ONLY HAD A PERMIT AND NO LICENSED DRIVER IN THE VEHICLE. VEHICLE 2 HAD AN EXPIRED REGISTRATION (2/16/10).</u>																							

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	19	F	-	-	-	-	-	-	TEARA S. OLIVER-MOORE	-
B	2	1	4	1	28	F	-	-	-	-	-	-	TINA M. JONES	-
C														
D														
E														
F														

Officer's Rank and Signature <u>S. C. BELLA</u>	Badge/ID No. <u>1953</u>	NCIC No. <u>62701</u>	Precinct/Post Troop/Zone <u>WEST</u>	Station/Beat/Sector <u>52</u>	Reviewing Officer <u>[Signature]</u>	Date/Time Reviewed <u>4/14/10</u>
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)

DMV COPY

Local Codes

10-113066

AMENDED REPORT

1	Accident Date Month <u>4</u> Day <u>12</u> Year <u>2010</u>	Day of Week <u>MON</u>	Military Time <u>1916</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code
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3	Date of Birth Month <u>12</u> Day <u>22</u> Year <u>85</u>	Sex <u>F</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>12</u> Day <u>22</u> Year <u>85</u>	Sex <u>F</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code	Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code
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5	Ticket/Arrest Number(s) Violation Section(s)	Ticket/Arrest Number(s) Violation Section(s)
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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.
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: <u>LSA</u>	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: <u>CFBO</u>
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8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>372 THURSTON</u> (Route Number or Street Name) at 1) intersecting street or 2) <u>372 THURSTON</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>372 THURSTON</u> (Route Number or Street Name) Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)
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9	Accident Description/Officer's Notes <u>veh 1 N/B Thurston at 372. When the vehicle impacts vehicle 2 in a same direction sideswipe. No one was able to provide a vehicle description other than a white work van / old ambulance type vehicle. No suspect description, no CCTV on city's owned cameras or others.</u>
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10	Names of all involved A <u>LSA</u> B C D E F	Date of Death Only
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11	Officer's Rank and Signature Print Name in Full <u>Michael S. MURPHY</u>	Badge/ID No. <u>911975</u>	NCIC No. <u>02701</u>	Precinct/Post Troop/Zone <u>W/3</u>	Station/Beat Sector <u>5023</u>	Reviewing Officer <u>Sgt. 1012</u>	Date/Time Reviewed <u>4-13-10/1941</u>
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Local Codes

10096558

AMENDED REPORT

DMY COPY

1		Accident Date Month 3 Day 30 Year 2010		Day of Week Tuesday		Military Time 1217		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
VEHICLE 1														VEHICLE 2													
VEHICLE 1 - Driver License ID Number 259 722 611 Driver Name - exactly as printed on license Barber, John, F Jr Address (Include Number & Street) 94 Battle Green Dr. City or Town Rochester State NY Zip Code 14624														VEHICLE 2 - Driver License ID Number 319 278 519 Driver Name - exactly as printed on license Douglas, Tony, N Address (Include Number & Street) 199 Lady St. City or Town Rochester State NY Zip Code 14611													
3 1 Date of Birth Month 3 Day 3 Year 59 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 2 Public Property Damaged <input type="checkbox"/>														3 1 Date of Birth Month 10 Day 27 Year 53 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 6 Public Property Damaged <input type="checkbox"/>													
Name - exactly as printed on registration Rochester, City, OF; Address (Include Number & Street) 945 Mt. Read City or Town Rochester State NY Zip Code 14606														Name - exactly as printed on registration Rochester, Gen; Reg; Transportation; Aut Address (Include Number & Street) 1372 E. Main St. City or Town Rochester State NY Zip Code 14609													
4 1 Plate Number L 43079 State of Reg NY Vehicle Year & Make 2003 FORD Vehicle Type Dump Truck Ins. Code 994														4 1 Plate Number L 13267 State of Reg NY Vehicle Year & Make 2000 NEWFL Vehicle Type BUS Ins. Code 994													
5 1 Ticket/Arrest Number(s) -														5 1 Ticket/Arrest Number(s) -													
Violation Section(s) -														Violation Section(s) -													
6 1 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.														6 1 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.													
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more Damage Codes 3 4 5														VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 12 12 Enter up to three more Damage Codes 3 4 5													
Vehicle Towed: By CFBO To														Vehicle Towed: By CFBO To													
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Reference Marker														Place Where Accident Occurred: County MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred Thurston Rd. at 1) intersecting street Rosalind St. or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)													
Accident Description/Officer's Notes														Accident Description/Officer's Notes													
Vehicle 1 is a city of Rochester parks dump truck. Vehicle 1 had a load of brush in the back of the truck. Vehicle 1 was heading northbound on Thurston Rd when some of the overhanging brush from the truck struck vehicle 2 which was heading southbound on Thurston Rd. Vehicle 2 is an RTS Bus and sustained only minor damage to the driver's side mirror. Vehicle 1 sustained no damage and the driver														Vehicle 1 is a city of Rochester parks dump truck. Vehicle 1 had a load of brush in the back of the truck. Vehicle 1 was heading northbound on Thurston Rd when some of the overhanging brush from the truck struck vehicle 2 which was heading southbound on Thurston Rd. Vehicle 2 is an RTS Bus and sustained only minor damage to the driver's side mirror. Vehicle 1 sustained no damage and the driver													
8 9 10 11 12 13 14 15 16 17 BY TO 18														8 9 10 11 12 13 14 15 16 17 BY TO 18													
A 1 1 4 - 51 M - - - - - John F. Barber Jr.														A 1 1 4 - 51 M - - - - - John F. Barber Jr.													
B 1 3 4 - 62 M - - - - - Paul McGloly														B 1 3 4 - 62 M - - - - - Paul McGloly													
C 2 1 4 - 56 M - - - - - Tony N. Douglas														C 2 1 4 - 56 M - - - - - Tony N. Douglas													
D														D													
E														E													
F														F													
Officer's Rank and Signature S. C														Officer's Rank and Signature S. C													
Print Name S. Crecca														Print Name S. Crecca													
Badge/ID No. 1953														Badge/ID No. 1953													
NCIC No. 02701														NCIC No. 02701													
Precinct/Post Troop/Zone west														Precinct/Post Troop/Zone west													
Station/Beat/Sector 52														Station/Beat/Sector 52													
Reviewing Officer														Reviewing Officer													
Date/Time Review														Date/Time Review													

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)

Local Codes

10096558

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month <u>3</u> Day <u>30</u> Year <u>2010</u>	Day of Week <u>Tuesday</u>	Military Time <u>1217</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20			
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				VEHICLE 2 VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____						21		
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"/>						22		
4	Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz Mat Code _____ Released <input type="checkbox"/>				Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number & Street) _____ Apt. No. _____ Haz Mat Code _____ Released <input type="checkbox"/>						23		
5	City or Town _____ State _____ Zip Code _____				City or Town _____ State _____ Zip Code _____						24		
6	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____				Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____						25		
7	Ticket/Arrest Number(s) _____ Violation Section(s) _____				Ticket/Arrest Number(s) _____ Violation Section(s) _____						26		
8	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.				27
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____				ACCIDENT DIAGRAM 9. _____ Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				28
10	Reference Marker _____ Coordinates (if available) _____ Latitude/Northing: _____ Longitude/Easting: _____				Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ 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 <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name) Feet _____ Miles _____				Accident Description/Officer's Notes <u>didn't even realize that an accident had occurred. The RTS Bus (Vehicle 2) had 5 unknown passengers on board at the time of the accident. All had left prior to officers arrival.</u>				29

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 <u>S. Crecca</u> Print Name in Full <u>S. Crecca</u>	Badge/ID No. <u>1953</u>	NCIC No. <u>02701</u>	Precinct/Post Troop/Zone <u>West</u>	Station/Beat Sector <u>52</u>	Reviewing Officer <u>St. John</u>	Date/Time Reviewed <u>3/31/10</u>
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

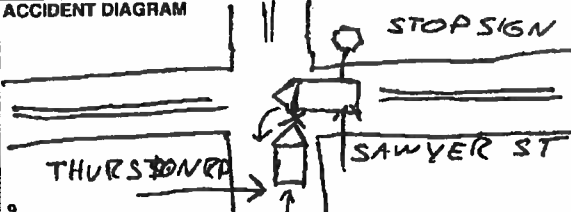
MV-104A (6/04)

DMV COPY

Local Codes

10-092817

☒ AMENDED REPORT

1 Accident Date Month <u>03</u> Day <u>26</u> Year <u>2010</u>		Day of Week <u>FR</u>		Military Time <u>2331</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																													
2 VEHICLE 1																		3 VEHICLE 2																		4 BICYCLIST																		5 PEDESTRIAN																		6 OTHER PEDESTRIAN																																																					
7 VEHICLE 1 - Driver License ID Number <u>333 953 462</u> State of Lic. <u>NY</u>																		8 VEHICLE 2 - Driver License ID Number <u>414 216 228</u> State of Lic. <u>NY</u>																		9																		10																		11																																																					
12 Driver Name - exactly as printed on license <u>ROBINSON ARTHUR, T</u>																		13 Driver Name - exactly as printed on license <u>WRIGHT, KIMBERLY, K</u>																		14																		15																		16																																																					
17 Address (Include Number & Street) <u>359 MAGNOLIA ST</u>																		18 Address (Include Number & Street) <u>906 GLIDE ST</u>																		19																		20																		21																																																					
22 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>																		23 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14606</u>																		24																		25																		26																																																					
27 Date of Birth <u>07/26/73</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>																		28 Date of Birth <u>04/08/85</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>																		29																		30																		31																																																					
32 Name - exactly as printed on registration <u>ROBINSON, ARTHUR, T</u>																		33 Name - exactly as printed on registration <u>WRIGHT, KIMBERLY, K</u>																		34																		35																		36																																																					
37 Address (Include Number & Street) <u>359 MAGNOLIA ST</u>																		38 Address (Include Number & Street) <u>906 GLIDE ST</u>																		39																		40																		41																																																					
42 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>																		43 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14606</u>																		44																		45																		46																																																					
47 Plate Number <u>EW F 3218</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1998 CHEV</u> Vehicle Type <u>4DR</u> Ins. Code <u>999</u>																		48 Plate Number <u>EW F 8370</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1997 GMC</u> Vehicle Type <u>LL</u> Ins. Code <u>327</u>																		49																		50																		51																																																					
52 Ticket/Arrest Number(s) <u>/</u>																		53 Ticket/Arrest Number(s) <u>/</u>																		54																		55																		56																																																					
57 Violation Section(s) <u>/</u>																		58 Violation Section(s) <u>/</u>																		59																		60																		61																																																					
62 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.																		63 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.																		64 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																		65																		66																																																					
67 VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>2</u> Box 2 - Most Damage <u>7</u> Enter up to three more Damage Codes <u>3 4 5</u>																		68 VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>12</u> Box 2 - Most Damage <u>12</u> Enter up to three more Damage Codes <u>3 4 5</u>																		69 ACCIDENT DIAGRAM 																		70																		71																		72																																			
73 Vehicle By <u>CARED FOR BY</u> Towed: To <u>OWNER</u>																		74 Vehicle By <u>MR TOW</u> Towed: To <u>120 WHITE ST</u>																		75																		76																		77																																																					
78 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																		79																		80																		81																		82																																																					
83 Reference Marker																		84 Coordinates (if available) Latitude/Northing: Longitude/Easting:																		85 Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street <u>SAWYER ST</u> (Route Number or Street Name) or 2) <u>ON OS DE OW</u> of <u>Foot Miles</u> (Milepost, Nearest intersecting Route Number or Street Name)																		86																		87																		88																																			
89 Accident Description/Officer's Notes <u>ON 3-26-10 AT 2331 HRS THE DRIVER OF VEH 1 STATES HE WAS NORTH BOUND ON THURSTON WHEN VEH #2 TRAVELING WEST BOUND ON SAWYER ST ATTEMPTED TO MAKE LEFT TURN ONTO SOUTH BOUND THURSTON. VEH #1 WHO HAD RIGHT OF WAY T-BONED VEH #2. VEH #2 STATED VEH #1 WAS TRAVELING FASTER THAN SHE ANTICIPATED.</u>																		90																		91																		92																		93																																																					
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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (8/04)

DMV COPY

Local Codes

10-083590

AMENDED REPORT

1	Accident Date Month: 03, Day: 19, Year: 10	Day of Week Fri.	Military Time 1149	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20	
	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 License ID Number: 010152705 Driver Name: Kassam, Khalil M. Address: 900 Riverside Dr. City/Town: Monroe, LA State: LA Zip Code: 71201 </div> <div> VEHICLE 2 License ID Number: -parked- Driver Name: - Address: - City/Town: - State: - Zip Code: - </div> </div>										21
2	<div style="display: flex; justify-content: space-between;"> <div> Date of Birth: 04/25/88, Sex: M, Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input checked="" type="checkbox"/> Name: Yagoub, Muhammad Address: 56 Paddock Dr. City/Town: Henrietta, NY State: NY Zip Code: 14467 </div> <div> Date of Birth: 12/17/53, Sex: M, Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/> Name: Nixon, James T. Address: 56 Hillendale St. City/Town: Rochester, NY State: NY Zip Code: 14621 </div> </div>										22
3	<div style="display: flex; justify-content: space-between;"> <div> Plate Number: EUN 8957, State of Reg: NY, Vehicle Year & Make: 07 Chev, Vehicle Type: PAS, Ins. Code: 100 Ticket/Arrest Number(s): AAG0094150 Violation Section(s): 600-1a </div> <div> Plate Number: EAN 4393, State of Reg: NY, Vehicle Year & Make: 04 Chev, Vehicle Type: PAS, Ins. Code: 011 Ticket/Arrest Number(s): - Violation Section(s): - </div> </div>										23
4	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 5, 6 Enter up to three more Damage Codes: 3, 4, 5 Vehicle Towed: C.F.B.O. </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 9, 10 Enter up to three more Damage Codes: 3, 4, 5 Vehicle Towed: C.F.B.O. </div> </div>										24
5	<div style="display: flex; justify-content: space-between;"> <div> 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. </div> <div> 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. </div> </div>										25
6	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div> ACCIDENT DIAGRAM </div> </div>										26
7	<div style="display: flex; justify-content: space-between;"> <div> Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>										27
8	<div style="display: flex; justify-content: space-between;"> <div> Place Where Accident Occurred: County: MONROE, City: Village: Town: Rochester Road on which accident occurred: 504 Thurston Rd. at 1) intersecting street: - or 2) 20 DE W of Midway, Tex. Feet: 20, Miles: - </div> </div>										28
9	<div style="display: flex; justify-content: space-between;"> <div> Accident Description/Officer's Notes: V2 was parked unoccupied on the eastside of Thurston Rd. facing north. V1 was emerging from a parking lot turning right (south). As V1 made the turn, it struck the rear driver-side fender/bumper/tailight of V2 causing extensive damage and breaking tailight. V1 continued driving north for nearly three blocks until uninvolved witness caught up to it. V1 driver stated that he did not know that he hit V2. W's M. M. 503-2486 / M. T. 355-7632 </div> </div>										29
10	<div style="display: flex; justify-content: space-between;"> <div> Names of all Involved A 1 1 4 1 21 M - - 6 - - Kassam, Khalil M. B 2 - - - - - - - - - parked C D E F </div> <div> Date of Death Only - </div> </div>										30
11	<div style="display: flex; justify-content: space-between;"> <div> Officer's Rank and Signature P.O. J. Scott Print Name in Full J. Scott </div> <div> Badge/ID No. 800 </div> <div> NCIC No. 02701 </div> <div> Precinct/Post Troop/Zone W </div> <div> Station/Beat/Sector 5212 </div> <div> Reviewing Officer S. R. [Signature] </div> <div> Date/Time Reviewed 3-20-10, 11:05 AM </div> </div>										31

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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Local Codes

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 03 Day: 18 Year: 2010			Day of Week Thursday	Military Time 1200	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>																																																																																																					
2	VEHICLE 1						VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																									
3	VEHICLE 1 - Driver License ID Number: 723 505 933 State of Lic.: NY						VEHICLE 2 - Driver License ID Number: 370 458 494 State of Lic.: NY																																																																																																									
4	Driver Name - exactly as printed on license: Poole, Tyneshah, P.						Driver Name - exactly as printed on license: Betha, John																																																																																																									
5	Address (Include Number & Street): 360 Seward St. Apt. No.: 9						Address (Include Number & Street): 30 Dunbar St. Apt. No.:																																																																																																									
6	City or Town: Rochester State: NY Zip Code: 14608						City or Town: Rochester State: NY Zip Code: 14619																																																																																																									
7	Date of Birth: 04/13/82 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>						Date of Birth: 8/28/62 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>																																																																																																									
8	Name - exactly as printed on registration: Poole, Tyneshah, P. Sex: F Date of Birth: 04/13/82						Name - exactly as printed on registration: Van Bortel Ford Inc. Sex: - Date of Birth: -																																																																																																									
9	Address (Include Number & Street): 360 Seward St. Apt. No.: 9 Haz. Mat. Code: - Released: <input type="checkbox"/>						Address (Include Number & Street): 7325 Rte 96 Apt. No.: - Haz. Mat. Code: - Released: <input type="checkbox"/>																																																																																																									
10	City or Town: Rochester State: NY Zip Code: 14608						City or Town: Victor State: NY Zip Code: 14564																																																																																																									
11	Plate Number: EAM1467 State of Reg.: NY Vehicle Year & Make: 1997 Chrysler Vehicle Type: 40 Ins. Code: 100						Plate Number: EPU5088 State of Reg.: NY Vehicle Year & Make: 2008 Ford Vehicle Type: 40 Ins. Code: 253																																																																																																									
12	Ticket/Arrest Number(s): -						Ticket/Arrest Number(s): -																																																																																																									
13	Violation Section(s): -						Violation Section(s): -																																																																																																									
14	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.																																																																																																									
15	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 1 Enter up to three more Damage Codes: 12 2 5						VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 3 Box 2 - Most Damage: 3 Enter up to three more Damage Codes: 4 4 5																																																																																																									
16	Vehicle By: 452 Towed To:						Vehicle By: CFBO Towed To:																																																																																																									
17	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) ACCIDENT DIAGRAM:																																																																																																									
18	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:						Place Where Accident Occurred: County: MONROE City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Rochester Road on which accident occurred: Thurston Rd (Route Number or Street Name) at 1) intersecting street: Hillendale (Route Number or Street Name) or 2) Feet Miles ON OS OE OW of (Milepost, Nearest intersecting Route Number or Street Name)																																																																																																									
19	Accident Description/Officer's Notes: Vehicle 1 was on Hillendale going eastbound and attempting to make a left hand turn onto to Thurston Rd heading northbound. While vehicle 1 was making the left hand turn onto Thurston vehicle 1 struck vehicle 2 which was heading southbound on Thurston Rd. Driver 1 stated that she stopped and looked for vehicles, but never saw vehicle 2 until and she started to make her turn. There were a lot of parked vehicles.																																																																																																															
20	ALL INVOLVED <table border="1"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>27</td> <td>F</td> <td>1,4,7</td> <td>-</td> <td>6</td> <td>10971ET</td> <td>2706</td> <td>Tyneshah P. Poole</td> <td>-</td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>1</td> <td>1</td> <td>51</td> <td>F</td> <td>1,4</td> <td>-</td> <td>6</td> <td>10971ET</td> <td>2706</td> <td>Karen Felton</td> <td>-</td> </tr> <tr> <td>C</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>47</td> <td>M</td> <td>-</td> <td>-</td> <td>6</td> <td>-</td> <td>-</td> <td>John Betha</td> <td>-</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>													8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	4	1	27	F	1,4,7	-	6	10971ET	2706	Tyneshah P. Poole	-	B	1	3	1	1	51	F	1,4	-	6	10971ET	2706	Karen Felton	-	C	2	1	4	1	47	M	-	-	6	-	-	John Betha	-	D														E														F													
	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only																																																																																																	
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21	Officer's Rank and Signature: S. C. Print Name In Full: S. Crecca						Badge/ID No.: 1953 NCIC No.: 02701 Precinct/Post Troop/Zone: W Station/Beat Sector: 52 Reviewing Officer: St. John Date/Time Reviewed: 3/14/2010																																																																																																									

Local Codes

10082217

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

☐ AMENDED REPORT

1	Accident Date Month <u>03</u> Day <u>18</u> Year <u>2010</u> Day of Week <u>Thursday</u> Military Time <u>1200</u>	No. of Vehicles <u>2</u> No. Injured <u>2</u> No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> <u>Left Scene</u> Accident Reconstructed <input type="checkbox"/> <u>Police Photos</u> <input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	20																																																																																																																																																													
2	VEHICLE 1 License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				21																																																																																																																																																												
3	VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				22																																																																																																																																																												
4	Date of Birth Month _____ Day _____ Year _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth Month _____ Day _____ Year _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____				23																																																																																																																																																												
5	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____				24																																																																																																																																																												
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____ Vehicle By _____ Towed: _____ To _____				26																																																																																																																																																												
8	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____ Vehicle By _____ Towed: _____ To _____				27																																																																																																																																																												
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11	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ 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 <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name) Feet _____ Miles _____				30																																																																																																																																																												
12	Accident Description/Officer's Notes <u>on Thurston Rd that may have limited Driver 1's view of</u> <u>Thurston Rd. One witness Marlene McKinley 436-7108 stated that Vehicle 2 was</u> <u>driving faster than the speed limit. A second witness Stephen Bryant 287-0656 stated that</u> <u>he saw Vehicle 1 make a quick left turn and strike vehicle 2. Vehicle 1 passenger was not</u> <u>wearing a seat belt, but was attempting to put it on, just prior to the accident.</u>				31																																																																																																																																																												
13	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:5%;">A</th> <th style="width:5%;">B</th> <th style="width:5%;">C</th> <th style="width:5%;">D</th> <th style="width:5%;">E</th> <th style="width:5%;">F</th> <th style="width:5%;">G</th> <th style="width:5%;">H</th> <th style="width:5%;">I</th> <th style="width:5%;">J</th> <th style="width:5%;">K</th> <th style="width:5%;">L</th> <th style="width:5%;">M</th> <th style="width:5%;">N</th> <th style="width:5%;">O</th> <th style="width:5%;">P</th> <th style="width:5%;">Q</th> <th style="width:5%;">R</th> <th style="width:5%;">S</th> <th style="width:5%;">T</th> <th style="width:5%;">U</th> <th style="width:5%;">V</th> <th style="width:5%;">W</th> <th style="width:5%;">X</th> <th style="width:5%;">Y</th> <th style="width:5%;">Z</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>				A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z																																																																																																																																			32
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z																																																																																																																																								
14	Officer's Rank and Signature <u>S. C.</u> Print Name <u>S. Crecca</u> Badge/ID No. <u>1953</u> NCIC No. <u>02701</u> Precinct/Post <u>W</u> Station/Beat <u>52</u> Reviewing Officer <u>[Signature]</u> Date/Time Reviewed <u>3/19/2010</u>				33																																																																																																																																																												

USE COVER SHEET

N

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-390232
FQ7132000143

☐ AMENDED REPORT

1	Accident Date Month 12 Day 13 Year 2011	Day of Week Tuesday	Military Time 07:33	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 7	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>											20
2	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										21
3	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										22
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8	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										27
9	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										28
10	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										29
11	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 - Driver License ID Number 207406892 Driver Name - exactly as printed on license MORRISON, BRITTANY O Address (Include Number and Street) 66A INDEPENDENCE ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 9 Year 1982 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 - Driver License ID Number 109156100 Driver Name - exactly as printed on license GRIFFIN, MICHAEL J Address (Include Number and Street) 182 1/2 SPRUCE AVE City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 11 Day 23 Year 1965 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> </div>										30

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	4	1	29	F	-	-	-		MORRISON, BRITTANY O	
B	2	1	4	1	46	M	-	-	-		GRIFFIN, MICHAEL J	
C												
D												
E												
F												

Officer's Rank and Signature Officer <i>Bryan J Munson</i> Print Name Bryan J Munson In Full	Badge/ID No. 1399	NCIC No. 02701	Pre/Inct/Post Troop/Zone ----	Station/Beat Sector --	Reviewing Officer Joseph, David A	Date/Time Reviewed 12/22/2011 14:28
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USE COVER SHEET

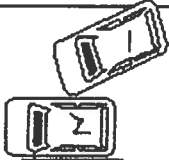
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-390232
FQ7132000143

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
12	13	2011	Tuesday	07:33	2	0	0			



THURSTON RD



FLANDERS ST

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-379510
FQ7126000148

☐ AMENDED REPORT

1	Accident Date Month <u>12</u> Day <u>2</u> Year <u>2011</u>			Day of Week <u>Friday</u>	Military Time <u>11:59</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN												
2	VEHICLE 1 - Driver License ID Number _____ State of Lic. _____					VEHICLE 2 - Driver License ID Number _____ State of Lic. _____					21		
	Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____					Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____					22		
3	Date of Birth Month _____ Day _____ Year _____	Sex _____	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	Date of Birth Month _____ Day _____ Year _____	Sex _____	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	23		
	Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					24		
4	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle type _____ Ins. Code _____	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle type _____ Ins. Code _____					Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle type _____ Ins. Code _____					25	
	Ticket/Arrest Number(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.					26		
	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____					27		
7	Vehicle Bv. _____ Towed To: _____					Vehicle Bv. _____ Towed To: _____					28		
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					29		
8	Reference Marker _____		Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____		Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles N S E W of _____ (Milepost, Nearest intersecting Route Number or Street Name)								30
	Accident Description/Officer's notes AHEAD NORTHBOUND ON THURSTON RD WHEN V1 PULLED OUT IN FRONT OF HER CAUSING THEM TO HIT. V2 HAD THE RIGHT OF WAY AND V1 SHOULD HAVE YIELDED TO TRAFFIC ON THURSTON RD, INCLUDING V2. V2'S FRONT AIRBAGS DID DEPLOY. ACCORDING TO DRIVER OF V2 DID SUSTAIN MINOR FACIAL INJURIES, BUT REFUSED MEDICAL TREATMENT. I OBSERVED A SWOLLEN LIP AS WELL AND A MINOR SCRAPE TO DRIVER OF V2'S CHIN FROM THE AIRBAG DEPLOYING. NO OTHER INJURIES WERE OBSERVED OR REPORTED AT THE SCENE. AN AMBULANCE DID RESPOND, BOTH DRIVERS WERE CHECKED BY THE CREW AND REFUSED TO GO												
A	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
	OFFICER <u>Whitney Gill</u> Print Name <u>WHITNEY GILL</u> in Full _____												
B	Officer's Rank and Signature _____					Badge/ID No. <u>2226</u>		NCIC No. <u>02701</u>		Precinct/Post Troop/Zone <u>W52</u>		Station/Beat Sector _____	
	Reviewing Officer <u>Joseph, David A</u>					Date/Time Reviewed <u>12/4/2011 13:56</u>		_____		_____			

ALL INVOLVED

USE COVER SHEET

N

Local Codes
11-379510
FQ7126000148

☐ AMENDED REPORT

1	Accident Date Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>			Day of Week <input type="text"/>	Military Time <input type="text"/>	No. of Vehicles <input type="text"/>	No. Injured <input type="text"/>	No. Killed <input type="text"/>	Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE VEHICLE 1 - Driver License ID Number <input type="text"/> Driver Name - exactly as printed on license <input type="text"/> Address (Include Number and Street) <input type="text"/> City or Town <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Date of Birth <input type="text"/> Sex <input type="text"/> Unlicensed <input type="checkbox"/> No. of Occupants <input type="text"/> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <input type="text"/> Sex <input type="text"/> Date of Birth <input type="text"/> Address (Include Number and Street) <input type="text"/> Apt. No. <input type="text"/> Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/> City or Town <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Plate Number <input type="text"/> State of Reg. <input type="text"/> Vehicle Year & Make <input type="text"/> Vehicle Type <input type="text"/> Ins. Code <input type="text"/> Ticket/Arrest Number(s) <input type="text"/> Violation Section(s) <input type="text"/> </div> <div> VEHICLE VEHICLE 2 - Driver License ID Number <input type="text"/> Driver Name - exactly as printed on license <input type="text"/> Address (Include Number and Street) <input type="text"/> City or Town <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Date of Birth <input type="text"/> Sex <input type="text"/> Unlicensed <input type="checkbox"/> No. of Occupants <input type="text"/> Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration <input type="text"/> Sex <input type="text"/> Date of Birth <input type="text"/> Address (Include Number and Street) <input type="text"/> Apt. No. <input type="text"/> Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/> City or Town <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Plate Number <input type="text"/> State of Reg. <input type="text"/> Vehicle Year & Make <input type="text"/> Vehicle Type <input type="text"/> Ins. Code <input type="text"/> Ticket/Arrest Number(s) <input type="text"/> Violation Section(s) <input type="text"/> </div> </div>													
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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	OFFICER <i>H. Whitney Gill</i>						Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed	
Print Name in Full	WHITNEY GILL						2226	02701	W52		Joseph, David A	12/4/2011 13:56	

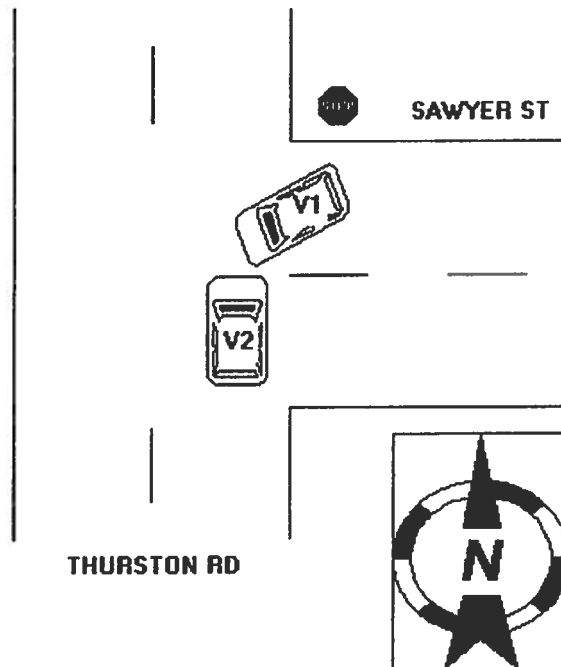
POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-379510
FQ7126000148

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
12	2	2011	Friday	11:59	2	0	0			



POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-365477
FQ7132000132

☐ AMENDED REPORT

1	Accident Date Month 11 Day 18 Year 2011	Day of Week Friday	Military Time 13:39	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 4			
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number 669038497 Driver Name - exactly as printed on license KEELS, SHANIQUE Address (Include Number and Street) 69 ARDMORE ST City or Town ROCHESTER State NY Zip Code 14611				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 849613988 Driver Name - exactly as printed on license CHERRY III, STEVE Address (Include Number and Street) 223 CONGRESS AVE City or Town ROCHESTER State NY Zip Code 14611						21 -		
3	Date of Birth Month 6 Day 13 Year 1976 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration WILLIAMS, GLORY S Sex F Date of Birth Month 9 Day 15 Year 1954				Date of Birth Month 2 Day 25 Year 1988 Sex M Unlicensed <input checked="" type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration KNIGHT-CHERRY, S Sex F Date of Birth Month 2 Day 19 Year 1960						22 -		
4	Address (Include Number and Street) 73 SUPERIOR ST City or Town ROCHESTER State NY Zip Code 14611 Plate Number EPK7881 State of Reg NY Vehicle Year & Make 1996 DODG Vehicle Type 4DSD Ins. Code 240				Address (Include Number and Street) 223 CONGRESS AVE City or Town ROCHESTER State NY Zip Code 14611 Plate Number DSK4827 State of Reg NY Vehicle Year & Make 2007 DODG Vehicle Type 4DSD Ins. Code 639						23 7		
5	Ticket/Arrest Number(s) 713200FFFQ Violation Section(s) 1143				Ticket/Arrest Number(s) 713200FGFQ Violation Section(s) 5091						24 5		
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 3 Box 2 - Most Damage 1 3 3 Enter up to three more damage codes 1 3 3 Vehicle Bv: 454 Towed: To: 454				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 3 Box 2 - Most Damage 1 2 12 Enter up to three more damage codes 10 11 5 Vehicle Bv: 454 Towed: To: 454				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideways (same direction) Left Turn Right Turn Sideways (opposite direction) ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. 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				25 1
7	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON RD (Route Number or Street Name) at 1) intersecting street MILTON ST (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S of <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name) feet miles						26 1		
8	Accident Description/Officer's notes D1 OF V1 WAS WB ON MILTON STREET TOWARDS THURSTON. D2 OF V2 WAS SB ON THURSTON RD. D1 OF V1 FAILED TO YIELD RIGHT OF WAY AND STRUCK THE DRIVER SIDE OF V2. WITNESS STATED HE BELIEVED THAT V1 RAN THE STOP SIGN AT THURSTON AND MILTON. NO INJURIES. V1 TOWED DUE TO LEAKING FLUIDS. V2 DROVE AWAY. D2 UNLICENSED, AND D1 TICKETED FOR FAILURE TO YIELD RIGHT OF WAY. WITNESS #1 - WILLIE LIGHTFOOT ROCHESTER NY (585) 737-6152 Ext.										27 1		
9	Names of all involved KEELS, SHANIQUE CHERRY III, STEVE										28 1		
10	Date/Time Reviewed 11/28/2011 14:48										29 -		
11	Officer's Rank and Signature Officer Bryan J Munson Print Name in Full Bryan J Munson										30 -		
12	Badge/ID No. 1399 NCIC No. 02701 Precinct/Post Troop/Zone ---- Station/Beat Sector --										USE COVER SHEET N		

ALL INVOLVED

Local Codes
11-365477
FQ7132000132

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 11	Day 18	Year 2011	Friday	13:39	2	0	0	Accident Reconstructed <input type="checkbox"/>		

thurston



milton

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-365218
FQ7132000131

☐ AMENDED REPORT

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	Friday	08:57	2	2	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 250248021 Driver Name - exactly as printed on license HILLS, ANTUANE D Address (Include Number and Street) 25 HILLEDALE ST City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 3 Day 31 Year 1984 Sex M Unlicensed <input checked="" type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration GORDON, LUCIA L Sex F Date of Birth Month 9 Day 20 Year 1985 Address (Include Number and Street) 282 RAND ST Apt. No. Haz. Mat. Code Released City or Town ROCHESTER State NY Zip Code 14615 Plate Number DKZ3065 State of Reg. NY Vehicle Year & Make 2009 FORD Vehicle Type SUBN Ins. Code 011 Ticket/Arrest Number(s) 713200F9FQ 713200FBFQ 713200FCFQ Violation Section(s) 5113A 5091 6002A </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 783890740 Driver Name - exactly as printed on license BROWN, SHANE A Address (Include Number and Street) 166 MILLBANK ST City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 5 Day 19 Year 1988 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration EAN HOLDINGS, Sex Date of Birth Month Day Year Address (Include Number and Street) 1300 BROOKS AVE Apt. No. Haz. Mat. Code Released City or Town ROCHESTER State NY Zip Code 14624 Plate Number FSR5091 State of Reg. NY Vehicle Year & Make 2012 CHEV Vehicle Type 4DSD Ins. Code 993 Ticket/Arrest Number(s) Violation Section(s) </div> </div>																																																																																																						
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: 452 Towed: To: POUND VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 19. OVERTURNED 19. OTHER </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: 452 Towed: To: 452 </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. See the last page of the MV-104A for the accident diagram. 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 </div> </div>																																																																																																						
<table border="1"> <tr> <td>Reference Marker</td> <td>Coordinates (if available)</td> <td>Place Where Accident Occurred:</td> </tr> <tr> <td></td> <td>Latitude/Northing:</td> <td>County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER</td> </tr> <tr> <td></td> <td>Longitude/Easting:</td> <td>Road on which accident occurred THURSTON RD (Route Number or Street Name)</td> </tr> <tr> <td></td> <td></td> <td>at 1) intersecting street BROOKS AVENUE (Route Number or Street Name)</td> </tr> <tr> <td></td> <td></td> <td>or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)</td> </tr> </table>												Reference Marker	Coordinates (if available)	Place Where Accident Occurred:		Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER		Longitude/Easting:	Road on which accident occurred THURSTON RD (Route Number or Street Name)			at 1) intersecting street BROOKS AVENUE (Route Number or Street Name)			or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																																																																												
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Accident Description/Officer's notes D1 OF V1 WAS MAKING A LEFT TURN AT THE YELLOW LIGHT HEADING SB ON THURSTON RD. D1 OF V1 WAS GOING STRAIGHT NB ON THURSTON CROSSING BROOKS AVENUE AT THE YELLOW LIGHT. V1 FAILED TO YIELD THE RIGHT OF WAY TO V2, AND WAS STRUCK ON THE PASSENGER SIDE, AND PUSHED THROUGH THE INTERSECTION AND CAME TO REST AT THE CURB. AIRBAGS DEPLOYED ON BOTH VEHICLES. MAJOR DAMAGE TO BOTH VEHICLES. D2 WAS UNLICENSED, AU01ST, AND LEFT THE SCENE ON FOOT. CITY CAMERA HAS FOOTAGE OF SUSPECT LEAVING. EXTENT OF INJURY TO D2 WAS UNKNOWN AT TIME OF REPORT DUE TO D2																																																																																																						
<table border="1"> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> <tr> <td>A</td> <td>1</td> <td>1</td> <td>U</td> <td>1</td> <td>27</td> <td>M</td> <td>08</td> <td>04</td> <td>6</td> <td></td> <td>HILLS, ANTUANE D</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>23</td> <td>M</td> <td>06</td> <td>12</td> <td>5</td> <td>9119 2706</td> <td>BROWN, SHANE A</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	A	1	1	U	1	27	M	08	04	6		HILLS, ANTUANE D		B	2	1	4	1	23	M	06	12	5	9119 2706	BROWN, SHANE A		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																																																																																										
A	1	1	U	1	27	M	08	04	6		HILLS, ANTUANE D																																																																																											
B	2	1	4	1	23	M	06	12	5	9119 2706	BROWN, SHANE A																																																																																											
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<table border="1"> <tr> <td>Officer's Rank and Signature</td> <td>Officer</td> <td>Badge/ID No.</td> <td>NCIC No.</td> <td>Precinct/Post Troop/Zone</td> <td>Station/Beat Sector</td> <td>Reviewing Officer</td> <td>Date/Time Reviewed</td> </tr> <tr> <td>Print Name in Full</td> <td>Bryan J Munson</td> <td>1399</td> <td>02701</td> <td>----</td> <td>--</td> <td>Joseph, David A</td> <td>11/28/2011 14:48</td> </tr> </table>												Officer's Rank and Signature	Officer	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed	Print Name in Full	Bryan J Munson	1399	02701	----	--	Joseph, David A	11/28/2011 14:48																																																																											
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Print Name in Full	Bryan J Munson	1399	02701	----	--	Joseph, David A	11/28/2011 14:48																																																																																															

ALL INVOLVED

USE COVER SHEET

N

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-365218
FQ7132000131

☐ AMENDED REPORT

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 type="checkbox"/>	20
	Month	Day	Year	Friday	08:57	2	2	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2	VEHICLE				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				21
---	---------	--	--	--	---	--	--	--	----

2	VEHICLE 1 - Driver License ID Number				State of Lic.				VEHICLE 2 - Driver License ID Number				State of Lic.				21						
Driver Name - exactly as printed on license				Address (Include Number and Street)				Apt. No.				Driver Name - exactly as printed on license				Address (Include Number and Street)				Apt. No.			

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"/>	22						
Month				Day				Year				Month				Day				Year			

3	Name - exactly as printed on registration				Sex	Date of Birth	Month	Day	Year	Name - exactly as printed on registration				Sex	Date of Birth	Month	Day	Year	23
Address (Include Number and Street)				Apt. No.				City or Town				State				Zip Code			

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

5	Ticket/Arrest Number(s)				Violation Section(s)				Ticket/Arrest Number(s)				Violation Section(s)				25						
City or Town				State				Zip Code				City or Town				State				Zip Code			

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; <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.				<div style="display: flex; justify-content: space-around;"> <div> <p>1. Rear End</p> <p>2. Left Turn</p> <p>3. Right Angle</p> <p>4. Right Turn</p> <p>5. Head On</p> <p>6. Sideways (same direction)</p> <p>7. Left Turn</p> <p>8. Right Turn</p> <p>9. Sideways (opposite direction)</p> </div> </div>					

7	VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM				27
Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					

7	Vehicle Bv:				Vehicle Bv:				Cost of repairs to any one vehicle will be more than \$1000.				28
Towed: To:				Towed: To:				<input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					

7	VEHICLE DAMAGE CODING:				1-13 SEE DIAGRAM ON RIGHT.				14. UNDERCARRIAGE 17. DEMOLISHED				29
15. TRAILER 18. NO DAMAGE				16. OVERTURNED 19. OTHER				14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					

7	Reference Marker				Coordinates (if available)				Place Where Accident Occurred:				30
Latitude/Northing:				Longitude/Easting:				County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)					

Accident Description/Officer's notes												
BEING EXAMINED AT STRONG HOSPITAL.												
ADDITIONAL TICKETS FOR DRIVER #1 - 713200FDFQ, 1141												
WITNESS #1 - PAMELA WALKER ROCHESTER NY (585) 802-7530 Ext.												
WITNESS #2 - GWENDOLYN CAMPBELL ROCHESTER NY (585) 739-7295 Ext. (585) 423-5583 Ext.												
WITNESS #3 - ROBERT FARRELL ROCHESTER NY (585) 520-0786 Ext.												

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

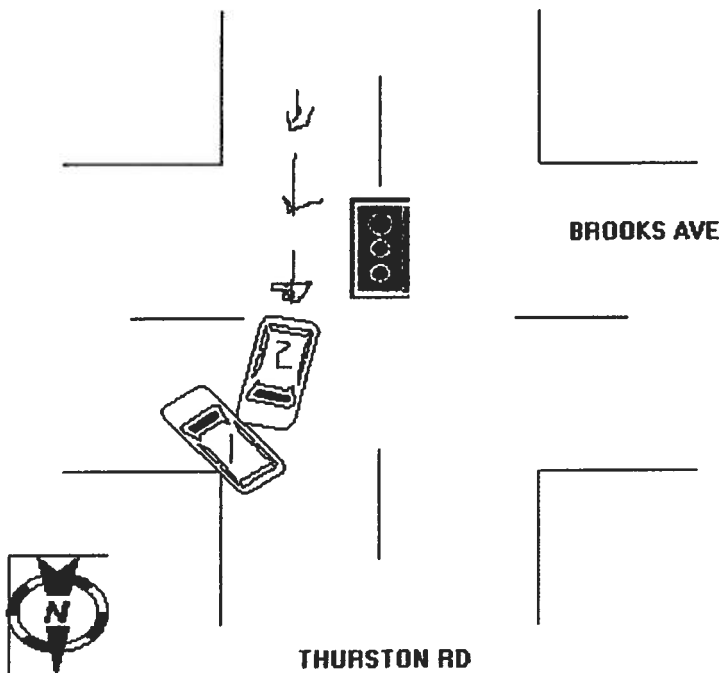
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Local Codes
11-365218
FQ7132000131

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month 11	Day 18	Year 2011	Friday	08:57	2	2	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-365993
FQ7015000007

☐ AMENDED REPORT

1		Accident Date Month 11 Day 18 Year 2011		Day of Week Friday	Military Time 07:02	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
2		VEHICLE 1 Driver License ID Number Driver Name - exactly as printed on license LSA, Address (Include Number and Street) City or Town State Zip Code		State of Lic. Apt. No. City or Town State Zip Code		VEHICLE 2 Driver License ID Number 523437231 Driver Name - exactly as printed on license GRIFFITH, LISA J Address (Include Number and Street) City or Town State Zip Code		State of Lic. NY Apt. No. City or Town State Zip Code		21		
3		Date of Birth Month 9 Day 1 Year 1987 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 03 Public Property Damaged <input type="checkbox"/>		Date of Birth Month 9 Day 1 Year 1987 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 03 Public Property Damaged <input type="checkbox"/>		22						
4		Name - exactly as printed on registration LSA, Address (Include Number and Street) City or Town State Zip Code		Name - exactly as printed on registration GRIFFITH, LISA J Address (Include Number and Street) City or Town State Zip Code		23						
5		Plate Number UNKNOWN State of Reg. Vehicle Year & Make Vehicle Type Ins. Code		Plate Number FLF4013 State of Reg. NY Vehicle Year & Make 2007 CHRY Vehicle Type SUBN Ins. Code 000		24						
6		Ticket/Arrest Number(s)		Ticket/Arrest Number(s)		25						
7		Violation Section(s)		Violation Section(s)		26						
8		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.						
9		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 99 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes		ACCIDENT DIAGRAM						
10		Vehicle Bv: Towed: To:		Vehicle Bv: Towed: To:		Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No						
11		VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		Diagram of vehicle damage coding		27						
12		Reference Marker		Coordinates (if available) Latitude/Northing: Longitude/Easting:		Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AV (Route Number or Street Name) at 1) intersecting street THURSTON RD (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)						
13		Accident Description/Officer's notes V2 WAS W/B ON BROOKS AV AT THURSTON RD. D2 STATES THAT V1 WAS S/B ON THURSTON RD AT BROOKS AV. D2 STATES THAT V1 RAN A RED LIGHT AND STRUCK HER VEHICLE AS SHE WAS PROCEEDING THROUGH THE INTERSECTION WITH A GREEN LIGHT. V1 DID NOT STOP AND CONTINUED S/B ON THURSTON RD. D2 DESCRIBED V1 AS A WHITE CAR, POSSIBLY A WHITE CHEVROLET COBALT BEARING NJ#DYA5314. THAT REGISTRATION RETURNS NOT ON FILE. NO INJURIES REPORTED OR OBSERVED. MINOR DAMAGE TO V2, UNKNOWN DAMAGE TO V1.		28								
14		8 9 10 11 12 13 14 15 16 17 BY TO 18		Names of all involved		Date of Death Only						
15		A 2 1 4 1 24 F - - -		GRIFFITH, LISA J								
16		B 2 3 4 1 28 M - - -		SUMMERSETT, LIONEL								
17		C 2 4 5 1 1 M - - -		SUMMERSETT, NAVIER								
18		D										
19		E										
20		F										
21		Officer's Rank and Signature Print Name in Full Jason Baird		Badge/ID No. 2029 NCIC No. 02701 Precinct/Post Troop/Zone --- Station/Beat Sector ---		Reviewing Officer Baird, Jason Date/Time Reviewed 11/22/2011 21:45						

ALL INVOLVED

USE COVER SHEET

N

Local Codes
11-359621
FQ7232000107

☐ AMENDED REPORT

Accident Date Month: 11, Day: 13, Year: 2011			Day of Week Sunday		Military Time 00:46		No. of Vehicles 2		No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input checked="" type="checkbox"/>		Police Photos <input checked="" type="checkbox"/>		Not Investigated at Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/>																						
VEHICLE 1																						VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>																					
VEHICLE 1 - Driver License ID Number: 363881826											State of Lic. NY											VEHICLE 2 - Driver License ID Number: 875255024											State of Lic. NY										
Driver Name - exactly as printed on license HOUSTON, KASHIA											Driver Name - exactly as printed on license ARGRO, SHERRY											Driver Name - exactly as printed on license ARGRO, SHERRY											Driver Name - exactly as printed on license ARGRO, SHERRY										
Address (Include Number and Street) 301 CHAMPLAIN ST											Address (Include Number and Street) 20 SHELTON TE											Address (Include Number and Street) 20 SHELTON TE											Address (Include Number and Street) 20 SHELTON TE										
City or Town ROCHESTER											City or Town ROCHESTER											City or Town ROCHESTER											City or Town ROCHESTER										
Date of Birth Month: 3, Day: 11, Year: 1989											Date of Birth Month: 11, Day: 13, Year: 1972											Date of Birth Month: 11, Day: 13, Year: 1972											Date of Birth Month: 11, Day: 13, Year: 1972										
Sex F											Sex F											Sex F											Sex F										
Unlicensed <input checked="" type="checkbox"/>											Unlicensed <input type="checkbox"/>											Unlicensed <input type="checkbox"/>											Unlicensed <input type="checkbox"/>										
No. of Occupants 01											No. of Occupants 01											No. of Occupants 01											No. of Occupants 01										
Public Property Damaged <input type="checkbox"/>											Public Property Damaged <input type="checkbox"/>											Public Property Damaged <input type="checkbox"/>											Public Property Damaged <input type="checkbox"/>										
Name - exactly as printed on registration REESE, MARY W											Name - exactly as printed on registration REESE, MARY W											Name - exactly as printed on registration REESE, MARY W											Name - exactly as printed on registration REESE, MARY W										
Sex F											Sex F											Sex F											Sex F										
Date of Birth Month: 1, Day: 9, Year: 1945											Date of Birth Month: 1, Day: 9, Year: 1945											Date of Birth Month: 1, Day: 9, Year: 1945											Date of Birth Month: 1, Day: 9, Year: 1945										
Address (Include Number and Street) 301 CHAMPLAIN ST											Address (Include Number and Street) 301 CHAMPLAIN ST											Address (Include Number and Street) 301 CHAMPLAIN ST											Address (Include Number and Street) 301 CHAMPLAIN ST										
City or Town ROCHESTER											City or Town ROCHESTER											City or Town ROCHESTER											City or Town ROCHESTER										
State NY											State NY											State NY											State NY										
Zip Code 14608											Zip Code 14608											Zip Code 14608											Zip Code 14608										
Plate Number DND5843											Plate Number DND5843											Plate Number DND5843											Plate Number DND5843										
State of Reg NY											State of Reg NY											State of Reg NY											State of Reg NY										
Vehicle Year & Make 2003 CHEV											Vehicle Year & Make 2003 CHEV											Vehicle Year & Make 2003 CHEV											Vehicle Year & Make 2003 CHEV										
Vehicle Type PED											Vehicle Type PED											Vehicle Type PED											Vehicle Type PED										
Ins. Code 182											Ins. Code 182											Ins. Code 182											Ins. Code 182										
Ticket/Arrest Number(s) CA04000PFQ											Ticket/Arrest Number(s) CA04000SFQ											Ticket/Arrest Number(s) CA04000QFQ											Ticket/Arrest Number(s) CA04000QFQ										
Violation Section(s) 11923											Violation Section(s) 6002A											Violation Section(s) 5113A											Violation Section(s) 5113A										
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.											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.										
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 3, 2 Box 2 - Most Damage: 19 Enter up to three more damage codes: 3, 4, 5											VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 19, 11 Box 2 - Most Damage: 19, 11 Enter up to three more damage codes: 3, 4, 5											VEHICLE 3 DAMAGE CODES Box 1 - Point of Impact: 19, 11 Box 2 - Most Damage: 19, 11 Enter up to three more damage codes: 3, 4, 5											VEHICLE 4 DAMAGE CODES Box 1 - Point of Impact: 19,										

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

☐ AMENDED REPORT

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 type="checkbox"/>	20	
	Month	Day	Year	Sunday	00:46	2	1	0	Accident Reconstructed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2	VEHICLE 3						<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21
	VEHICLE 1 - Driver						VEHICLE 2 - Driver						
	License ID Number						License ID Number						
	Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						
3	Address (Include Number and Street)						Address (Include Number and Street)						22
	City or Town						City or Town						
	State						State						
4	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	23		
	Month	Day	Year			Month	Day	Year					
	Name - exactly as printed on registration					Name - exactly as printed on registration							
	ARGRO, SHERRY					ARGRO, SHERRY							
5	Address (Include Number and Street)						Address (Include Number and Street)						24
	City or Town						City or Town						
	State						State						
6	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25		
	SHAYROCK	NY	2010 MITS	PED	100								
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)							
	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 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES							
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes							
8	VEHICLE 1 DAMAGE CODING:					VEHICLE 2 DAMAGE CODING:					27		
	1-13 SEE DIAGRAM ON RIGHT.					1-13 SEE DIAGRAM ON RIGHT.							
	14. UNDERCARRIAGE 17. DEMOLISHED					14. UNDERCARRIAGE 17. DEMOLISHED							
	15. TRAILER 18. NO DAMAGE					15. TRAILER 18. NO DAMAGE							
9	Reference Marker					Coordinates (if available)					28		
	Latitude/Northing:					Longitude/Easting:							
	Place Where Accident Occurred:					Place Where Accident Occurred:							
	County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____					County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____							
10	Road on which accident occurred _____					Road on which accident occurred _____					29		
	(Route Number or Street Name)					(Route Number or Street Name)							
	at 1) intersecting street _____					at 1) intersecting street _____							
	or 2) _____ N S of _____					or 2) _____ N S of _____							
11	Accident Description/Officer's notes					Accident Description/Officer's notes					30		
	2 (PEDESTRIAN) STRIKING THE CAR WITH HER BODY. UNIT 1 DID NOT STOP, AND DROVE NB ON THURSTON RD. UNIT 2 WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO WITH HEAD AND INTERNAL TRAUMA. (SEE DEPOSITION FROM WITNESS TIFFANY OWENS) WHO WITNESSED UNIT 1 HIT UNIT 2 AND DRIVE OFF; SHE ALSO FOLLOWED UNIT 1 AND CALLED 911 WITH LOCATION OF UNIT 1.) OFFICERS DID LOCATE UNIT 1 AND THE DRIVER OF UNIT 1 AT 301 CHAMPLAIN ST A SHORT TIME AFTER. SEE IA OF OFC J.LATHROP 2039. SEE IA FROM B.MCCARTHY 2194 WHO TOOK DEPOSITION FROM					2 (PEDESTRIAN) STRIKING THE CAR WITH HER BODY. UNIT 1 DID NOT STOP, AND DROVE NB ON THURSTON RD. UNIT 2 WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO WITH HEAD AND INTERNAL TRAUMA. (SEE DEPOSITION FROM WITNESS TIFFANY OWENS) WHO WITNESSED UNIT 1 HIT UNIT 2 AND DRIVE OFF; SHE ALSO FOLLOWED UNIT 1 AND CALLED 911 WITH LOCATION OF UNIT 1.) OFFICERS DID LOCATE UNIT 1 AND THE DRIVER OF UNIT 1 AT 301 CHAMPLAIN ST A SHORT TIME AFTER. SEE IA OF OFC J.LATHROP 2039. SEE IA FROM B.MCCARTHY 2194 WHO TOOK DEPOSITION FROM							
	USE COVER SHEET					USE COVER SHEET							
	N					N							
12	Names of all involved					Names of all involved					31		
	Date of Death Only					Date of Death Only							
	A					A							
	B					B							
13	C					C					32		
	D					D							
	E					E							
	F					F							
14	Officer's Rank and Signature					Officer's Rank and Signature					33		
	Print Name					Print Name							
	Matthew Williamson					Matthew Williamson							
	in Full					in Full							
15	Badge/ID No.					Badge/ID No.					34		
	NCIC No.					NCIC No.							
	Precinct/Post Troop/Zone					Precinct/Post Troop/Zone							
	Station/Beat Sector					Station/Beat Sector							
16	Reviewing Officer					Reviewing Officer					35		
	Rodriguez, Juan M					Rodriguez, Juan M							
	Date/Time Reviewed					Date/Time Reviewed							
	11/14/2011 00:21					11/14/2011 00:21							

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

☐ AMENDED REPORT

1	Accident Date Month <u>11</u> Day <u>13</u> Year <u>2011</u>		Day of Week <u>Sunday</u>	Military Time <u>00:46</u>	No. of Vehicles <u>2</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20		
VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN													
2	VEHICLE 1 - Driver License ID Number _____ State of Lic. _____				VEHICLE 2 - 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. _____									
City or Town _____ State _____ Zip Code _____				City or Town _____ State _____ Zip Code _____									
3	Date of Birth Month _____ Day _____ Year _____		Sex _____	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	Date of Birth Month _____ Day _____ Year _____		Sex _____	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	22
Name - exactly as printed on registration _____				Sex _____	Date of Birth Month _____ Day _____ Year _____	Name - exactly as printed on registration _____				Sex _____	Date of Birth Month _____ Day _____ Year _____		23
Address (Include Number and Street) _____ Apt. No. _____				Haz. Mat. Code _____	Released <input type="checkbox"/>	Address (Include Number and Street) _____ Apt. No. _____				Haz. Mat. Code _____	Released <input type="checkbox"/>		24
City or Town _____ State _____ Zip Code _____				City or Town _____ State _____ Zip Code _____									
Plate Number _____		State of Reg. _____	Vehicle Year & Make _____	Vehicle Type _____	Ins. Code _____	Plate Number _____		State of Reg. _____	Vehicle Year & Make _____	Vehicle Type _____	Ins. Code _____		
5	Ticket/Arrest Number(s) _____				Ticket/Arrest Number(s) _____								
Violation Section(s) _____				Violation Section(s) _____								25	
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.				
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____				ACCIDENT DIAGRAM 					26
7	Vehicle Bv: _____ Towed: To: _____				Vehicle Bv: _____ Towed: To: _____				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				27
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												28	
Reference Marker _____		Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____		Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W								29	
Accident Description/Officer's notes WITNESS DEPOSITION FROM PASSENGER 3 WAS TAKEN BY M.WILLIAMSON 2200 TECHNICIAN 6841 PROCESSED THE SCENE ADDITIONAL TICKETS FOR DRIVER #1 - CA04000RFQ, 5091 / CA04000TFQ, 1225 WITNESS #1 - TIFFANY OWENS 71 ALBERTA ST ROCHESTER NY (585) 354-1309 Ext.												30	

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 Officer <u>Matthew Williamson</u>		Badge/ID No. 2200		NCIC No. 02701		Precinct/Post Troop/Zone ---		Station/Beat Sector --		Reviewing Officer Rodriguez, Juan M		Date/Time Reviewed 11/14/2011 00:21

USE COVER SHEET

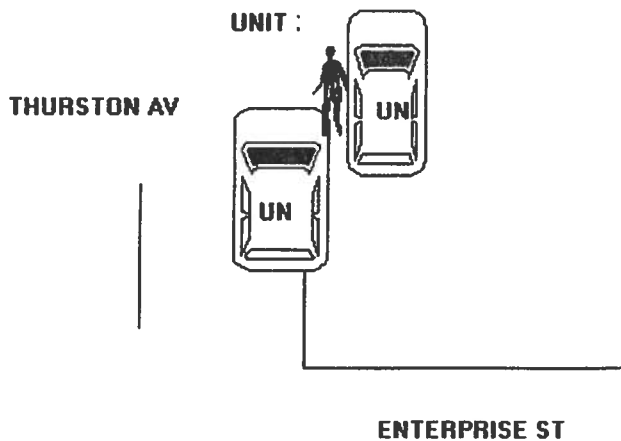
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

☐ 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								
11	13	2011	Sunday	00:46	3	1	0	Accident Reconstructed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-352238
FQ8004000036

☐ AMENDED REPORT

1	Accident Date Month: 11, Day: 6, Year: 2011	Day of Week Sunday	Military Time 01:02	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 18																																																																																																			
	VEHICLE 1				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																								
2	VEHICLE 1 - Driver License ID Number: _____ State of Lic.: _____				VEHICLE 2 - Driver License ID Number: _____ State of Lic.: _____						21																																																																																																		
	Driver Name - exactly as printed on license LSA,				Driver Name - exactly as printed on license PARKED,																																																																																																								
	Address (Include Number and Street) _____ Apt. No.: _____				Address (Include Number and Street) _____ Apt. No.: _____																																																																																																								
	City or Town _____ State _____ Zip Code _____				City or Town _____ State _____ Zip Code _____						22																																																																																																		
3	Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants UN Public Property Damaged <input type="checkbox"/>				Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants 00 Public Property Damaged <input type="checkbox"/>																																																																																																								
1	Name - exactly as printed on registration LSA,				Name - exactly as printed on registration CULVER, NELLIE M						23																																																																																																		
	Address (Include Number and Street) _____ Apt. No.: _____				Address (Include Number and Street) 505 THURSTON RD						24																																																																																																		
4	City or Town _____ State _____ Zip Code _____				City or Town ROCHESTER State NY Zip Code 14619						5																																																																																																		
5	Plate Number UNKNOWN State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____				Plate Number ECZ1540 State of Reg. NY Vehicle Year & Make 1993 GEO Vehicle Type 4DSD Ins. Code 382																																																																																																								
1	Ticket/Arrest Number(s) _____				Ticket/Arrest Number(s) _____																																																																																																								
	Violation Section(s) _____				Violation Section(s) _____						25																																																																																																		
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.																																																																																																				
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 1, 2 Box 2 - Most Damage: 99 Enter up to three more damage codes: 3, 4, 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 10, 5, 2 Box 2 - Most Damage: 77, 4, 5 Enter up to three more damage codes: 3, 4, 5				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.		26 10																																																																																																		
7	Vehicle Bv: _____ Towed To: _____				Vehicle Bv: OWNER Towed To: OWNER				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		27 1																																																																																																		
1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										28 1																																																																																																		
	Reference Marker		Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____		Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 501 THURSTON RD (Route Number or Street Name) at 1) intersecting street SAWYER ST. (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)						29																																																																																																		
Accident Description/Officer's notes V2 WAS PARKED UNOCCUPIED ON THE WEST SIDE OF THE STREET FACING SOUTHBOUND IN FRONT OF 501 THURSTON RD. V1 WAS TRAVELLING W/B ON SAWYER ST AND FAILED TO NEGOTIATE THE TURN AT THE INTERSECTION OF THURSTON RD/SAWYER ST. V1 CONTINUED W/B THRU THE INTERSECTION STRIKING V2 CAUSING THE REAR OF V2 TO JUMP THE CURB AND STRIKE A LIGHT POLE. V1 THEN LEFT THE SCENE AND DROVE N/B ON THURSTON RD THEN E/B ON FLANDERS ST. V1 WAS DESCRIBED AS A DARK COLORED MINI VAN. NO FURTHER DESCRIPTION.											30																																																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>												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														31
	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																																
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Officer's Rank and Signature Officer <i>Shane Disanto</i>				Badge/ID No. 2031		NCIC No. 02701		Precinct/Post Troop/Zone --		Station/Beat Sector --		Reviewing Officer Jones, Michael P		Date/Time Reviewed 11/7/2011 01:06																																																																																															

ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-352238
FQ8004000036

☐ 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 <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year								
11	6	2011	Sunday	01:02	2	0	0	Accident Reconstructed <input type="checkbox"/>		



sawyer st

thurston rd



light pole

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes

11-348316

FQPR02000007

☐ AMENDED REPORT

1	Accident Date Month <u>11</u> Day <u>2</u> Year <u>2011</u>	Day of Week <u>Wednesday</u>	Military Time <u>13:14</u>	No. of Vehicles <u>2</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																																			
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number <u>844707521</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>SCOTT, JIMMY B</u> Address (Include Number and Street) <u>36 HOBART ST</u> Apt. No. _____ City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number <u>783890740</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>BROWN, SHANE A</u> Address (Include Number and Street) <u>179 KINGSBORO ST</u> Apt. No. _____ City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>						21																																																																																																		
3	Date of Birth Month <u>11</u> Day <u>20</u> Year <u>1963</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>01</u> Public Property Damaged <input type="checkbox"/>				Date of Birth Month <u>5</u> Day <u>19</u> Year <u>1988</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>01</u> Public Property Damaged <input type="checkbox"/>						22																																																																																																		
3	Name - exactly as printed on registration <u>SCOTT, JIMMY B</u> Sex <u>M</u> Date of Birth Month <u>11</u> Day <u>20</u> Year <u>1963</u>				Name - exactly as printed on registration <u>BROWN, SONIA A</u> Sex <u>F</u> Date of Birth Month <u>9</u> Day <u>23</u> Year <u>1958</u>						23																																																																																																		
4	Address (Include Number and Street) <u>36 HOBART ST</u> Apt. No. _____ City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>				Address (Include Number and Street) <u>179 KINGSBORO ST</u> Apt. No. _____ City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>						24																																																																																																		
5	Plate Number <u>CUT8045</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2000 CHEV</u> Vehicle Type <u>PICK</u> Ins. Code <u>328</u>				Plate Number <u>EXE6076</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2008 DODG</u> Vehicle Type <u>4DSD</u> Ins. Code <u>100</u>						25																																																																																																		
5	Ticket/Arrest Number(s) _____				Ticket/Arrest Number(s) _____						26																																																																																																		
6	Violation Section(s) _____				Violation Section(s) _____						27																																																																																																		
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.				28																																																																																																
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>2</u> ¹ <u>2</u> ² Box 2 - Most Damage <u>3</u> <u>4</u> <u>5</u> Enter up to three more damage codes _____				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> ¹ <u>1</u> ² Box 2 - Most Damage <u>3</u> <u>4</u> <u>5</u> Enter up to three more damage codes _____				ACCIDENT DIAGRAM 				29																																																																																																
7	Vehicle Bv: _____ Towed: To: _____				Vehicle Bv: <u>EAST AVE AUTO</u> Towed: To: <u>EAST AVE AUTO</u>				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				30																																																																																																
7	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER								Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>584 THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street <u>ROSALIND ST</u> (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)				31																																																																																																
7	Accident Description/Officer's notes ON 11/2/11 AT ABOUT 1:14PM (VEH 2) WAS STOPPED AT A STOP SIGN FACING EASTBOUND ON ROSALIND ST. (VEH 2) WAS ATTEMPTING TO MAKE A LEFT TURN ONTO NORTHBOUND THURSTON RD. (VEH 2) STATES THAT HE COULD NOT SEE ONCOMING SOUTHBOUND TRAFFIC BECAUSE OF A BEER TRUCK PARKED IN A NO PARKING ZONE ON THE NORTH/WEST CORNER OF THE INTERSECTION KNOWN AS THURSTON RD AND ROSALIND ST. (VEH 2) THOUGHT THE SOUTHBOUND LANE ON THURSTON WAS CLEAR AND PROCEEDED INTO THE INTERSECTION. (VEH 1) WAS TRAVELING SOUTHBOUND ON THURSTON RD WHEN (VEH 2) PULLED IN FRONT OF										32																																																																																																		
7	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>47</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>SCOTT, JIMMY B</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>23</td> <td>M</td> <td>04</td> <td>14</td> <td>6</td> <td>9993</td> <td>2706</td> <td>BROWN, SHANE A</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	A	1	1	4	1	47	M	-	-	-			SCOTT, JIMMY B		B	2	1	4	1	23	M	04	14	6	9993	2706	BROWN, SHANE A		C														D														E														F														33
	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																																
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F																																																																																																													
7	Officer's Rank and Signature <u>Officer AL John</u>				Badge/ID No. <u>1785</u>		NCIC No. <u>02701</u>		Precinct/Post Troop/Zone <u>----</u>		Station/Beat Sector <u>--</u>		Reviewing Officer <u>Alberto, Edward A</u>		Date/Time Reviewed <u>11/11/2011 04:32</u>																																																																																														

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-348316
FQPR02000007

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	Month	Day	Year	Wednesday	13:14	2	1	0	Accident Reconstructed <input type="checkbox"/>				
2	VEHICLE						<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21
	VEHICLE 1 - Driver						VEHICLE 2 - Driver						
	License ID Number						License ID Number						
	Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						
3	Address (Include Number and Street)						Address (Include Number and Street)						22
	City or Town						City or Town						
	State						State						
	Zip Code						Zip Code						
4	Date of Birth						Date of Birth						23
	Sex						Sex						
	Unlicensed <input type="checkbox"/>						Unlicensed <input type="checkbox"/>						
	No. of Occupants						No. of Occupants						
5	Name - exactly as printed on registration						Name - exactly as printed on registration						24
	Sex						Sex						
	Date of Birth						Date of Birth						
	Month Day Year						Month Day Year						
6	Address (Include Number and Street)						Address (Include Number and Street)						25
	City or Town						City or Town						
	State						State						
	Zip Code						Zip Code						
7	Plate Number						Plate Number						26
	State of Reg.						State of Reg.						
	Vehicle Year & Make						Vehicle Year & Make						
	Vehicle Type						Vehicle Type						
8	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)						27
	Violation Section(s)						Violation Section(s)						
	Check if involved vehicle is:						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.						<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.						
9	VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						28
	Box 1 - Point of Impact						Box 1 - Point of Impact						
	Box 2 - Most Damage						Box 2 - Most Damage						
	Enter up to three more damage codes						Enter up to three more damage codes						
10	Vehicle Bv:						Vehicle Bv:						29
	Towed To:						Towed To:						
	VEHICLE DAMAGE CODING:						VEHICLE DAMAGE CODING:						
	1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						
11	Reference Marker						Coordinates (If available)						30
	Latitude/Northing:						Latitude/Northing:						
	Longitude/Easting:						Longitude/Easting:						
	Place Where Accident Occurred:						Place Where Accident Occurred:						
12	County MONROE						County MONROE						31
	City Village Town of						City Village Town of						
	Road on which accident occurred						Road on which accident occurred						
	at 1) intersecting street						at 1) intersecting street						
13	or 2) feet miles						or 2) feet miles						32
	N S of						N S of						
	E W of						E W of						
	(Milepost, Nearest intersecting Route Number or Street Name)						(Milepost, Nearest intersecting Route Number or Street Name)						
14	Accident Description/Officer's notes						Accident Description/Officer's notes						33
	HIM. (VEH 1) COULD NOT ANTICIPATE THIS OCCURRING BECAUSE HE COULD NOT SEE (VEH 2) APPROACH THE INTERSECTION BECAUSE OF SAID BEER TRUCK. . (VEH 1) HAD THE RIGHT OF WAY WHEN HE STRUCK (VEH 2) ON THE DRIVERS SIDE DOOR. THE DRIVER OF (VEH 2) COMPLAINED OF NECK AND BACK PAIN AS A RESULT OF THE ACCIDENT AND WAS TRANSPORTED TO STRONG FOR EVALUATION BY RURAL METRO						HIM. (VEH 1) COULD NOT ANTICIPATE THIS OCCURRING BECAUSE HE COULD NOT SEE (VEH 2) APPROACH THE INTERSECTION BECAUSE OF SAID BEER TRUCK. . (VEH 1) HAD THE RIGHT OF WAY WHEN HE STRUCK (VEH 2) ON THE DRIVERS SIDE DOOR. THE DRIVER OF (VEH 2) COMPLAINED OF NECK AND BACK PAIN AS A RESULT OF THE ACCIDENT AND WAS TRANSPORTED TO STRONG FOR EVALUATION BY RURAL METRO						
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	263						263						
79	264						264						98
	265						265						
	266						266						
	267						267						
80	268						268						

MV-104A (3/04)

☐ AMENDED REPORT

Accident Date Month: 10, Day: 23, Year: 2011		Day of Week Sunday	Military Time 15:05	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
Accident Date Month: 10, Day: 23, Year: 2011		Day of Week Sunday	Military Time 15:05	No. of Vehicles 2	No. Injured 1	No. Killed 0	Accident Reconstructed <input type="checkbox"/> Other Pedestrian <input type="checkbox"/>																																																																																												
VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																															
VEHICLE 1 - Driver License ID Number: 821080191				VEHICLE 2 - Driver License ID Number: 345441727																																																																																															
Driver Name - exactly as printed on license ZISFEIN, ALEXANDER S				Driver Name - exactly as printed on license MULL, OLEASE																																																																																															
Address (Include Number and Street) 18 PHEASANT HILL LN				Address (Include Number and Street) 159 TERRACE PK																																																																																															
City or Town GLEN HEAD				City or Town ROCHESTER																																																																																															
State NY				State NY																																																																																															
Zip Code 11545				Zip Code 14619																																																																																															
Date of Birth Month: 5, Day: 10, Year: 1991		Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>																																																																																														
Date of Birth Month: 7, Day: 1, Year: 1949		Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>																																																																																														
Name - exactly as printed on registration ZISFEIN, JEROME B				Name - exactly as printed on registration MULL, OLEASE																																																																																															
Address (Include Number and Street) 18 PHEASANT HILL LN				Address (Include Number and Street) 159 TERRACE PK																																																																																															
City or Town GLEN HEAD				City or Town ROCHESTER																																																																																															
State NY				State NY																																																																																															
Zip Code 11545				Zip Code 14619																																																																																															
Plate Number DWR2744		State of Reg. NY	Vehicle Year & Make 2007 VOLK	Vehicle Type 4DSD	Ins. Code 146	Plate Number EVR7699																																																																																													
State of Reg. NY		Vehicle Year & Make 2007 HYUN	Vehicle Type SUBN	Ins. Code 328																																																																																															
Ticket/Arrest Number(s)				Ticket/Arrest Number(s)																																																																																															
Violation Section(s)				Violation Section(s)																																																																																															
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.																																																																																															
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1 Enter up to three more damage codes: 7, 7				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 3, 2 Box 2 - Most Damage: 2 Enter up to three more damage codes: 2																																																																																															
Vehicle Bv: Towed: To:				Vehicle Bv: Towed: To:																																																																																															
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																																																																																																			
Reference Marker				Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred: THURSTON ROAD (Route Number or Street Name) at 1) Intersecting street _____ (Route Number or Street Name) or 2) 30 _____ of ROSALIND ST (Route Number or Street Name) feet miles <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)																																																																																															
Accident Description/Officer's notes V1 WAS DRIVING NORTH ON THURSTON ROAD AND WAS GOING TO TURN LEFT INTO THE YMCA PARKING LOT WHEN HE HIT V2. V2 WAS DRIVING SOUTH ON THURSTON ROAD WHEN V2 WAS HIT BY V1. V2 THEN LOST CONTROL OF THE CAR AND DROVE INTO THE FRONT PORCH OF 612 THURSTON ROAD. THE DRIVER WAS TAKEN TO STRONG HOSPITAL AND WAS DISORIENTED. THE DRIVER OF V1 AND THE PASSENGER IN V1 WERE NOT INJURED. THE DRIVER OF V1 SAID HE DID NOT SEE V2 AND HE HIT HER. V2 WAS TOWED BY 451. V1 WAS NOT TOWED.																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> <tr> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>20</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>ZISFEIN, ALEXANDER S</td> <td></td> </tr> <tr> <td>1</td> <td>3</td> <td>4</td> <td>1</td> <td>21</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>BECKWITCH, XAVER</td> <td></td> </tr> <tr> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>62</td> <td>F</td> <td>X</td> <td>13</td> <td>3</td> <td>9249</td> <td>2706</td> <td>MULL, OLEASE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	1	1	4	1	20	M	-	-	-			ZISFEIN, ALEXANDER S		1	3	4	1	21	M	-	-	-			BECKWITCH, XAVER		2	1	4	1	62	F	X	13	3	9249	2706	MULL, OLEASE																																								
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																							
1	1	4	1	20	M	-	-	-			ZISFEIN, ALEXANDER S																																																																																								
1	3	4	1	21	M	-	-	-			BECKWITCH, XAVER																																																																																								
2	1	4	1	62	F	X	13	3	9249	2706	MULL, OLEASE																																																																																								
Officer's Rank and Signature OFFICER K. Noel				Badge/ID No. 2091	NCIC No. 02701	Preclnct/Post Troop/Zone W52	Station/Beat Sector WEST	Reviewing Officer Koehn, Kevin	Date/Time Reviewed 11/6/2011 22:54																																																																																										

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-337935
FQA097000069

☐ AMENDED REPORT

1	Accident Date Month 10 Day 23 Year 2011			Day of Week Sunday	Military Time 15:05	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20		
	Accident Reconstructed <input type="checkbox"/>													
2	VEHICLE					<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							21	
	VEHICLE 1 - Driver License ID Number					VEHICLE 2 - Driver License ID Number								
3	Driver Name - exactly as printed on license					Driver Name - exactly as printed on license							22	
	Address (Include Number and Street)					Address (Include Number and Street)								
4	City or Town State Zip Code					City or Town State Zip Code							23	
	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>					Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>								
5	Name - exactly as printed on registration					Name - exactly as printed on registration							24	
	Address (Include Number and Street)					Address (Include Number and Street)								
6	City or Town State Zip Code					City or Town State Zip Code							25	
	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code								
7	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)							26	
	Violation Section(s)					Violation Section(s)								
8	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.			27
	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					ACCIDENT DIAGRAM 			
9	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					1-13 SEE DIAGRAM ON RIGHT.					Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No			28
	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:					Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W								
10	Accident Description/Officer's notes PROPERTY DAMAGE BY VEHICLE #02 - FRONT PORCH OF 612 THURSTON RD, GM GORDON 612 THURSTON ROAD ROCHESTER NY 14619												29	
11	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only												30	
	OFFICER'S RANK AND SIGNATURE OFFICER K. Mael Print Name in Full Kaitlyn Turner Badge/ID No. 2091 NCIC No. 02701 Precinct/Post Troop/Zone W52 Station/Beat Sector WEST Reviewing Officer Koehn, Kevin Date/Time Reviewed 11/6/2011 22:54													

ALL INVOLVED

USE COVER SHEET

N

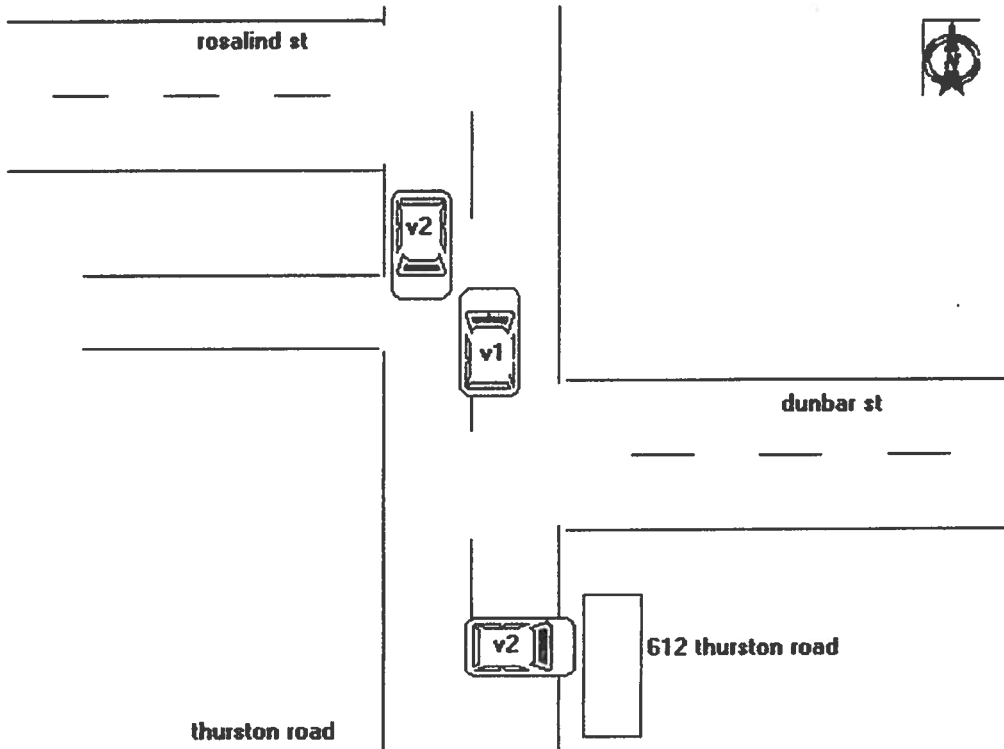
POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-337935
FQA097000069

☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
10	23	2011	Sunday	15:05	2	1	0			



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-303212
FQA034000034

☐ AMENDED REPORT

1	Accident Date Month: 9, Day: 22, Year: 2011	Day of Week Thursday	Military Time 06:58	No. of Vehicles 3	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number: 869563191 Driver Name - exactly as printed on license: IVANOV, OLGA Address (Include Number and Street): 349 HUFFER RD City or Town: HILTON, State: NY, Zip Code: 14468 Date of Birth: Month 6, Day 2, Year 1991, Sex: F, Unlicensed: <input type="checkbox"/>, No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/> </div> <div> VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/> VEHICLE 2 - Driver License ID Number: 328448907 Driver Name - exactly as printed on license: SCHRAMM, ROBERT Address (Include Number and Street): 1072 GLIDE ST City or Town: ROCHESTER, State: NY, Zip Code: 14606 Date of Birth: Month 2, Day 10, Year 1986, Sex: M, Unlicensed: <input type="checkbox"/>, No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/> </div> </div>										21
2	Violation Section(s) Violation Section(s):										25
3	Vehicle Damage Coding 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.										26
4	Accident Diagram Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.										27
5	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
6	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:										29
7	Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred: BROOKS AVENUE (Route Number or Street Name) at 1) intersecting street: HURSTON ROAD (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)										30
8	Accident Description/Officer's notes VEHICLE 2 WAS DRIVING EB ON BROOKS AVE WITH A GREEN LIGHT. VEHICLE 3 WAS DRIVING WB ON BROOKS AVE WITH A GREEN LIGHT. VEHICLE 1 WAS DRIVING SB ON THURSTON AND WENT THRU THE RED LIGHT STRIKING VEH 2, AND THEN SPUN AROUND AND STRUCK VEH 3. DRIVER OF VEH 3 COMPLAINED OF PAIN TO HER LEFT ARM AND WAS TRANSPORTED TO STRONG HOSPITAL. DRIVER OF VEH 1 DID ADMIT THAT SHE THOUGHT SHE COULD BEAT THE LIGHT.										31

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	
A	1	1	4	1	20	F	-	-	-			IVANOV, OLGA		
B	2	1	4	1	25	M	-	-	-			SCHRAMM, ROBERT		
C	3	1	4	1	31	F	07	12	6	9993	2706	PEACOCK, HEATHER M		
D														
E														
F														
Officer's Rank and Signature <div style="display: flex; align-items: center;"> <div style="flex: 1;">Officer</div> </div>							Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full Lisa M Lyons							1321		02701		----	--	Williams, David J	10/3/2011 14:13

USE COVER SHEET

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-303212
FQA034000034

☐ AMENDED REPORT

1	Accident Date Month: 9, Day: 22, Year: 2011	Day of Week Thursday	Military Time 06:58	No. of Vehicles 3	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 - Driver License ID Number: 437436739 Driver Name - exactly as printed on license: PEACOCK, HEATHER M Address (Include Number and Street): 136 BROOKS AVE City or Town: ROCHESTER, State: NY, Zip Code: 14619 Date of Birth: 8/24/1980, Sex: F, Unlicensed: <input type="checkbox"/>, No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/> </div> <div style="width: 48%;"> VEHICLE 2 - Driver License ID Number: _____ Driver Name - exactly as printed on license: _____ Address (Include Number and Street): _____ City or Town: _____, State: _____, Zip Code: _____ Date of Birth: _____, Sex: _____, Unlicensed: <input type="checkbox"/>, No. of Occupants: _____, Public Property Damaged: <input type="checkbox"/> </div> </div>											21
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 3 Name - exactly as printed on registration: RIOLA, CHERYL A Address (Include Number and Street): 64 SHORECLIFF DR City or Town: ROCHESTER, State: NY, Zip Code: 14612 Plate Number: EWG8333, State of Reg.: NY, Vehicle Year & Make: 1991 DODG, Vehicle Type: 2DSD, Ins. Code: 639 </div> <div style="width: 48%;"> VEHICLE 4 Name - exactly as printed on registration: _____ Address (Include Number and Street): _____ City or Town: _____, State: _____, Zip Code: _____ Plate Number: _____, State of Reg.: _____, Vehicle Year & Make: _____, Vehicle Type: _____, Ins. Code: _____ </div> </div>											22
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 5 Name - exactly as printed on registration: _____ Address (Include Number and Street): _____ City or Town: _____, State: _____, Zip Code: _____ Plate Number: _____, State of Reg.: _____, Vehicle Year & Make: _____, Vehicle Type: _____, Ins. Code: _____ </div> <div style="width: 48%;"> VEHICLE 6 Name - exactly as printed on registration: _____ Address (Include Number and Street): _____ City or Town: _____, State: _____, Zip Code: _____ Plate Number: _____, State of Reg.: _____, Vehicle Year & Make: _____, Vehicle Type: _____, Ins. Code: _____ </div> </div>											23
Violation Section(s) Violation Section(s): _____											24
Accident Diagram Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.											25
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more damage codes: _____ </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more damage codes: _____ </div> </div>											26
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											27
Reference Marker Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____											28
Place Where Accident Occurred: County: MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred: _____ (Route Number or Street Name) at 1) intersecting street: _____ (Route Number or Street Name) or 2) _____ feet _____ miles N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) E W											29
Accident Description/Officer's notes _____											30

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 Officer:													
Print Name Lisa M Lyons													
Badge/ID No. 1321													
NCIC No. 02701													
Precinct/Post Troop/Zone ---													
Station/Beat Sector --													
Reviewing Officer Williams, David J													
Date/Time Reviewed 10/3/2011 14:13													

USE COVER SHEET

N

POLICE ACCIDENT REPORT

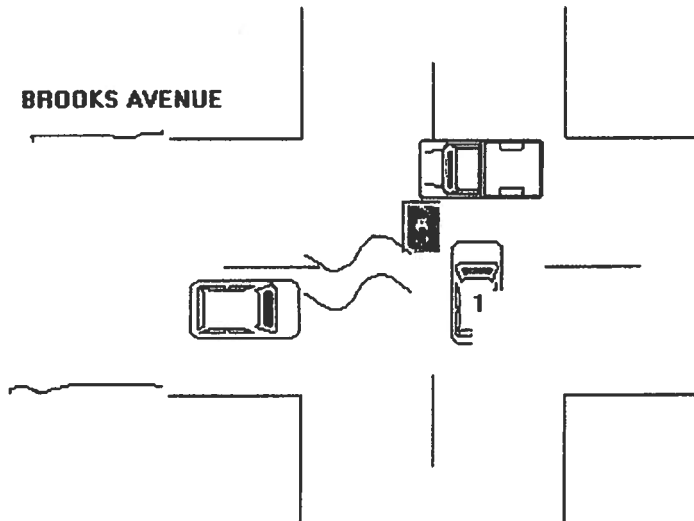
MV-104A (3/04)

Local Codes
11-303212
FQA034000034

☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Thursday	06:58	3	1	0	Accident Reconstructed <input type="checkbox"/>		
9	22	2011								

BROOKS AVENUE



THURSTON ROAD



Local Codes
11-297820New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 9 Day: 16 Year: 2011	Day of Week FRI	Military Time 2230	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <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											21
VEHICLE 1 - Driver License ID Number: [blank] State of Lic.: X Driver Name - exactly as printed on license: PROPER, DAN Address (Include Number & Street): 730 THURSTON RD City or Town: ROCHESTER, NY Zip Code: 14619											22
VEHICLE 2 - Driver License ID Number: [blank] State of Lic.: [blank] Driver Name - exactly as printed on license: PARKED Address (Include Number & Street): [blank] City or Town: [blank] State: [blank] Zip Code: [blank]											23
Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: RIDER, TRUCK RENTAL, INC 97852 Address (Include Number & Street): 329 JEFFERSON RD City or Town: ROCHESTER, NY Zip Code: 14623											24
Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: [blank] Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: STACEY'S RV, INC. Address (Include Number & Street): 1415 SCOTTSVILLE RD City or Town: ROCHESTER, NY Zip Code: 14624											25
Plate Number: 5883705 State of Reg.: NY Vehicle Year & Make: 2005 LINCOLN VANTRUCK 263 Ins. Code: CDG8242 NY '98 PONTIAC 4DR 613											26
Ticket/Arrest Number(s): [blank] Violation Section(s): [blank]											27
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.											28
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.											29
Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.											30
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 3 3 Box 2 - Most Damage: 3 3 Enter up to three more Damage Codes: 3 4 5											31
VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 12 1 Enter up to three more Damage Codes: 3 4 5											32
Vehicle Towed: By CFBO To CFBO											33
Vehicle Towed: By CFBO To CFBO											34
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											35
Reference Marker: [blank] Coordinates (If available): Latitude/Northing: [blank] Longitude/Easting: [blank]											36
Place Where Accident Occurred: County: MONROE City: [blank] Village: [blank] Town: ROCHESTER Road on which accident occurred: 730 THURSTON RD (Route Number or Street Name) at 1) Intersecting street: [blank] (Route Number or Street Name) or 2) 300 Feet Miles of BROOKS AVE (Milepost, Nearest intersecting Route Number or Street Name)											37
Accident Description/Officer's Notes: VEH. 1 WAS N/B WHEN IT STRUCK VEH. 2, WHILE ATTEMPTING TO PARK. PARTIES EXCHANGED INFORMATION; BOTH VEHICLES WERE RENTALS & REQUESTED A MVA REPORT. NO INJURIES. VEH. 1/DR. 1 WAS NOT AT SCENE AT TIME OF REPORT. PARTIES ARE NEIGHBORS.											38

																		Names of all Involved		Date of Death Only	
8	9	10	11	12	13	14	15	16	17	BY	TO	18									
A	1	1	X		1	M	-	-	-	-	-	-	DAN PROPER								
B	2	-	-	-	-	-	-	-	-	-	-	-	PARKED								
C																					
D																					
E																					
F																					

Officer's Rank and Signature: PO J. HOLMES Print Name In Full: J. HOLMES	Badge/ID No.: 757	NCIC No.: 62701	Precinct/Post Troop/Zone: W	Station/Beat/Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 11/11 1500
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DMV FORM 104-A (Rev. 10-03)

USE COVER SHEET

11-293135

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 9, Day: 13, Year: 11	Day of Week TUE	Military Time 1214	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> VEHICLE 1 License ID Number: 790 807 300 Driver Name: McLoggale Joe Address: 318 Epworth St. City/Town: Rochester, State: NY, Zip Code: 14611 Date of Birth: 10/23/46, Sex: M, Unlicensed: <input checked="" type="checkbox"/> Name: Driver Address: City/Town: State: Zip Code: Plate Number: FRA4589, State of Reg: NY, Vehicle Year & Make: 87 Chev, Vehicle Type: LL, Ins. Code: 364 Ticket/Arrest Number(s): Violation Section(s): Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input checked="" type="checkbox"/> operated with an overweight permit; <input checked="" type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5 Vehicle Towed: By LFB0 </div> <div style="width:48%;"> VEHICLE 2 License ID Number: 407 100 642 Driver Name: Oliver Moore Terry Address: 193 N. Union St. City/Town: Rochester, State: NY, Zip Code: 14605 Date of Birth: 7/30/90, Sex: F, Unlicensed: <input checked="" type="checkbox"/> Name: Oliver Terry Address: 32 Sheldon Terr City/Town: Rochester, State: NY, Zip Code: 14619 Plate Number: DLB2222, State of Reg: NY, Vehicle Year & Make: 00 Olds, Vehicle Type: 4D, Ins. Code: 100 Ticket/Arrest Number(s): Violation Section(s): Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input checked="" type="checkbox"/> operated with an overweight permit; <input checked="" type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 5, 2 Enter up to three more Damage Codes: 4, 6, 5 Vehicle Towed: By LFB0 </div> </div>										
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div style="width:48%;"> ACCIDENT DIAGRAM <p>Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div>										
Place Where Accident Occurred: County: Monroe City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> of Rochester Road on which accident occurred: Thurston Rd. at 1) intersecting street: Rosalind St. (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <input type="checkbox"/> (Milepost, Nearest intersecting Route Number or Street Name) Feet: <input type="checkbox"/> Miles: <input type="checkbox"/>										
Accident Description/Officer's Notes: V2 SB on Thurston Rd. V1 on Rosalind St. making left turn onto NB Thurston Rd. V1 Front driverside fender area struck V2 passenger side area. Damage to V2 none to V1. No injuries reported.										

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
																			Joe McLoggale	
																			Terry Oliver Moore	

Officer's Rank and Signature: OFC. [Signature]	Badge/ID No.: 1544	NCIC No.: 02201	Precinct/Post Troop/Zone: West	Station/Beat/Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 9/14/11 1:15 PM
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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

19
4

Local Codes
11-264160
FQ7325000016

☐ AMENDED REPORT

1	Accident Date Month: 8 Day: 20 Year: 2011	Day of Week Saturday	Military Time 22:35	No. of Vehicles 0	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/> Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20								
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number: 552575016 Driver Name - exactly as printed on license: JONES, VAN Address (Include Number and Street): 133 GLIDE ST City or Town: ROCHESTER State: NY Zip Code: 14619				VEHICLE 2 - Driver License ID Number: _____ Driver Name - exactly as printed on license: _____ Address (Include Number and Street): _____ City or Town: _____ State: _____ Zip Code: _____					21							
3	Date of Birth: Month 5 Day 17 Year 1937 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 01 Public Property Damaged: <input type="checkbox"/>				Date of Birth: Month _____ Day _____ Year _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Public Property Damaged: <input type="checkbox"/>					22							
3	Name - exactly as printed on registration: JONES, VAN Sex: M Date of Birth: Month 5 Day 17 Year 1937				Name - exactly as printed on registration: _____ Sex: _____ Date of Birth: Month _____ Day _____ Year _____					23							
4	Address (Include Number and Street): 133 GLIDE ST Apt. No.: _____ Haz. Mat. Code: _____ Released: <input type="checkbox"/>				Address (Include Number and Street): _____ Apt. No.: _____ Haz. Mat. Code: _____ Released: <input type="checkbox"/>					24							
4	City or Town: ROCHESTER State: NY Zip Code: 14619				City or Town: _____ State: _____ Zip Code: _____					25							
5	Plate Number: BDS4219 State of Reg: NY Vehicle Year & Make: 2000 DODG Vehicle Type: BICY Ins. Code: 169				Plate Number: _____ State of Reg: _____ Vehicle Year & Make: _____ Vehicle Type: _____ Ins. Code: _____					26							
1	Ticket/Arrest Number(s): _____				Ticket/Arrest Number(s): _____					27							
1	Violation Section(s): _____				Violation Section(s): _____					28							
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.		29						
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 1 2 Box 2 - Most Damage: 18 Enter up to three more damage codes: 3 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 3 4 5				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.		30						
7	Vehicle Bv: _____ Towed: To: _____				Vehicle Bv: _____ Towed: To: _____				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31						
1	Reference Marker: _____ Coordinates (if available): _____				Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER				Road on which accident occurred: MILTON ST (Route Number or Street Name)		32						
1	Longitude/Easting: _____				at 1) intersecting street: THURSTON RD (Route Number or Street Name)				or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)		33						
1	Accident Description/Officer's notes: D1 WAS WESTBOUND MILTON WHEN HE PASSED THE STOP SIGN AND STRUCK BICYCLIST GOING SOUTHBOUND ACROSS THE STREET. BICYCLIST SUFFERED AN INJURY TO HIS LEFT LEG WHERE THE FRONT END OF VEH 1 STRUCK HIM. D1 STOPPED INITIALLY BUT WAS BEING HARASSED AND FELT THREATENED BY ONLOOKERS. D1 DECIDED TO DRIVE TO HIS HOME AND CALL POLICE FROM THERE. HE WILLINGLY CAME BACK TO THE SCENE IN THE PRESENCE OF OFFICERS. BICYCLIST WAS TRANSPORTED TO STRONG HOSPITAL. HIS MOTHER WAS NOTIFIED AND RESPONDED TO THE SCENE. PHOTOS WERE TAKEN.										34						
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only					
A	B	1	1	1	74	M	-	-	-		JONES, VAN						
B																	
C																	
D																	
E																	
F																	
Officer's Rank and Signature: OFFICER Tito M. Batson						Badge/ID No.: 1631		NCIC No.: 02701		Precinct/Post Troop/Zone: 52		Station/Beat Sector: WEST		Reviewing Officer: Correia, Elena A		Date/Time Reviewed: 10/14/2011 18:17	

ALL INVOLVED

USE COVER SHEET

N

Local Codes
11-264160
FQ7325000016

☐ AMENDED REPORT

1 Accident Date		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed		Not Investigated at Scene		Left Scene		Police Photos		20					
Month 8 Day 20 Year 2011		Saturday		22:35		0		0		0		Accident Reconstructed <input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
VEHICLE																		<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
2 VEHICLE 1 - Driver License ID Number _____ State of Lic. _____																		VEHICLE 2 - 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. _____					
City or Town _____ State _____ Zip Code _____																		City or Town _____ State _____ Zip Code _____		22			
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"/>					
Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____																		Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____		23			
4 Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>																		Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					
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 _____ Vehicle Type _____ Ins. Code _____					
5 Ticket/Arrest Number(s) _____																		Ticket/Arrest Number(s) _____					
Violation Section(s) _____																		Violation Section(s) _____		25			
6 VEHICLE 1 DAMAGE CODING: 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. Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ 3 _____ 4 _____ 5 _____ Vehicle Bv: _____ Towed: To: _____																		VEHICLE 2 DAMAGE CODING: 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. Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ 3 _____ 4 _____ 5 _____ Vehicle Bv: _____ Towed: To: _____		7 ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		26	
Reference Marker _____ Coordinates (if available) _____																		Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles _____ N _____ S _____ E _____ W _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)		27			
Accident Description/Officer's notes WITNESS #1 - RANDY BAILEY UNKNOWN																				28			
																				29			
																				30			

ALL INVOLVED

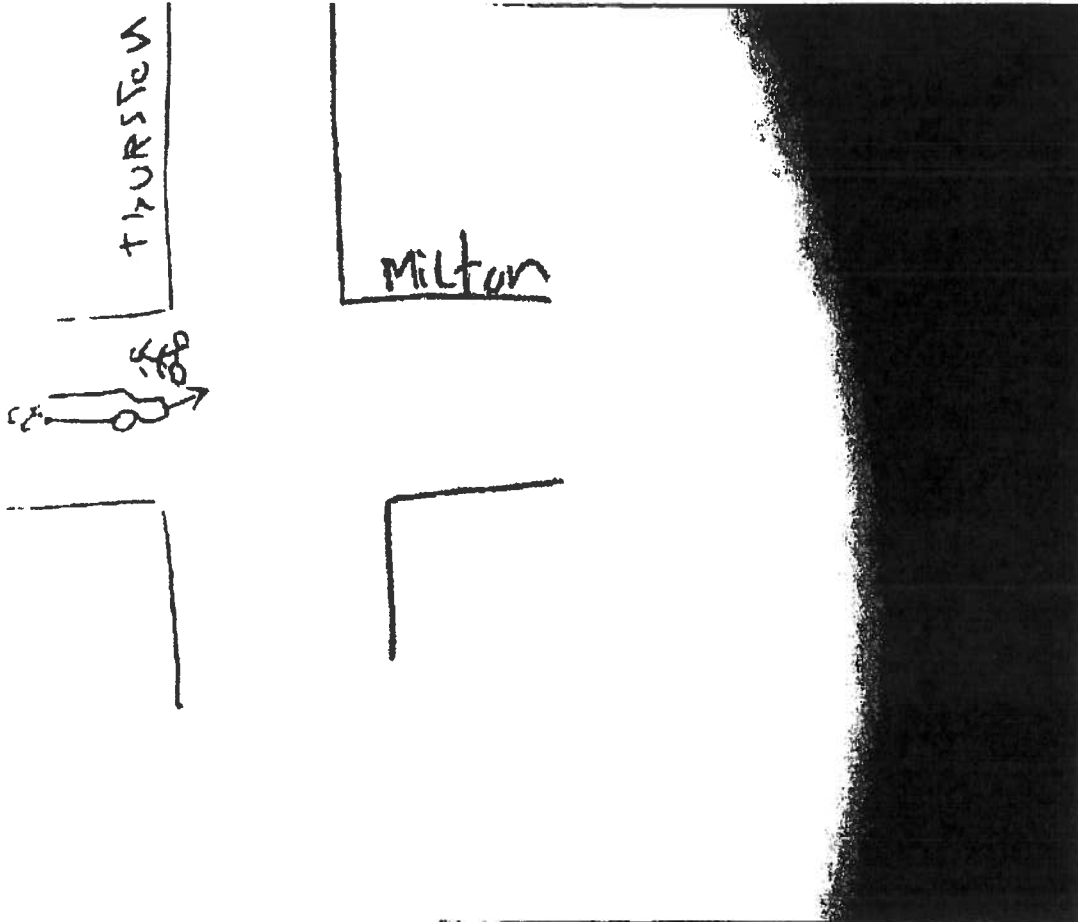
	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													
Officer's Rank and Signature OFFICER <i>Tito M. Batson</i> Print Name in Full TITO BATSON							Badge/ID No. 1631	NCIC No. 02701	Precinct/Post Troop/Zone 52	Station/Beat Sector WEST	Reviewing Officer Correia, Elena A	Date/Time Reviewed 10/14/2011 18:17	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-264160
FQ7325000016

☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year								
8	20	2011	Saturday	22:35	1	0	0	Accident Reconstructed <input type="checkbox"/>		



Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

DMV COPY

11-246037

AMENDED REPORT

1	Accident Date Month: 8, Day: 5, Year: 2011	Day of Week FRI	Military Time 1600	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20																																																																																																																																																																		
2	VEHICLE 1 Driver License ID Number: 327992877 Driver Name: Deane, Thomas P 3rd Address: 185 Exchange Blvd City: Rochester, State: NY, Zip Code: 14609				VEHICLE 2 Driver License ID Number: 650597973 Driver Name: Watson, Daniel J Address: 185 Exchange Blvd City: Rochester, State: NY, Zip Code: 14609						21																																																																																																																																																																	
3	Date of Birth: 5/12/1986, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/> Name: City of Rochester, Date of Birth: [blank], Sex: [blank] Address: 945 Mt. Read Blvd, Apt. No.: [blank], Haz. Mat. Code: [blank]				Date of Birth: 5/31/1985, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/> Name: City of Rochester, Date of Birth: [blank], Sex: [blank] Address: 945 Mt. Read Blvd, Apt. No.: [blank], Haz. Mat. Code: [blank]						22																																																																																																																																																																	
4	Plate Number: POLICE, State of Reg: NY, Vehicle Year & Make: 2007 Chevy, Vehicle Type: 4dr, Ins. Code: 994				Plate Number: POLICE, State of Reg: NY, Vehicle Year & Make: 2008 Chevy, Vehicle Type: 4dr, Ins. Code: 994						23																																																																																																																																																																	
5	Ticket/Arrest Number(s): [blank]				Ticket/Arrest Number(s): [blank]						24																																																																																																																																																																	
6	Violation Section(s): [blank]				Violation Section(s): [blank]						25																																																																																																																																																																	
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																																																																																																																																																																	
8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 3 Box 2 - Most Damage: 1, 4, 5 Enter up to three more Damage Codes: [blank]				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 3, 4, 5 Enter up to three more Damage Codes: [blank]				ACCIDENT DIAGRAM #1		27																																																																																																																																																																	
9	Vehicle Towed: By CFBO, To CFBO				Vehicle Towed: By CFBO, To CFBO				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No		28																																																																																																																																																																	
10	Reference Marker				Coordinates (if available) Latitude/Northing: [blank] Longitude/Easting: [blank]				Place Where Accident Occurred: County: Monroe, City: [blank], Village: [blank], Town: Rochester Road on which accident occurred: 481 Thurston Rd. at 1) intersecting street: Sawyer St. or 2) [blank] of [blank] (Milepost, Nearest intersecting Route Number or Street Name)		29																																																																																																																																																																	
11	Accident Description/Officer's Notes: (V3) was stopped in traffic facing SB on Thurston Rd. preparing to turn onto Sawyer St. (V2) + (V3) were traveling SB on Thurston Rd. responding to a call for service. (V2) began to slow down with (V3) in front of him. (V3) traveling behind (V2) was attempting to use his patrol car computer to verify the address of the call. Driver of (V1) was unable to stop completely before striking (V2) which then struck (V3).										30																																																																																																																																																																	
12	ALL INVOLVED										31																																																																																																																																																																	
13	<table border="1"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>25</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Deane, Thomas P 3rd</td> <td>-</td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>26</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Watson, Daniel J</td> <td>-</td> </tr> <tr> <td>C</td> <td>3</td> <td>1</td> <td>4</td> <td>1</td> <td>74</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Bell, Samuel, E</td> <td>-</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only	A	1	1	4	1	25	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Deane, Thomas P 3rd	-	B	2	1	4	1	26	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Watson, Daniel J	-	C	3	1	4	1	74	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Bell, Samuel, E	-	D																							E																							F																							32
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only																																																																																																																																																						
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14	Officer's Rank and Signature: PO D. Haggard				Badge/ID No.: 2036				NCIC No.: 02701				Precinct/Post Troop/Zone: WEST				Station/Beat/ Sector: 52				Reviewing Officer: Sgt. 34				Date/Time Reviewed: 8/5/11 2032																																																																																																																																																			

Local Codes

11-246037

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

☐ AMENDED REPORT

1	Accident Date Month: 8, Day: 5, Year: 2011	Day of Week FRI	Military Time 1600	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	VEHICLE 1 Vehicle License ID Number: 623044284 Driver Name - exactly as printed on license: Bell, Samuel E. Address (Include Number & Street): 103 Ellicott St. City or Town: Rochester, State: NY, Zip Code: 14619				VEHICLE 2 Vehicle License ID Number: [blank] Driver Name - exactly as printed on license: [blank] Address (Include Number & Street): [blank] City or Town: [blank], State: [blank], Zip Code: [blank]					
3	Date of Birth: 4/4/1937, Sex: M, Unlicensed: <input type="checkbox"/> Name - exactly as printed on registration: Bell, Clara M. Address (Include Number & Street): 103 Ellicott St. City or Town: Rochester, State: NY, Zip Code: 14619				Date of Birth: [blank], Sex: [blank], Unlicensed: <input type="checkbox"/> Name - exactly as printed on registration: [blank] Address (Include Number & Street): [blank] City or Town: [blank], State: [blank], Zip Code: [blank]					
4	Plate Number: BRC 4099, State of Reg: NY, Vehicle Year & Make: 1997 FORD, Vehicle Type: 4dr, Ins. Code: 016				Plate Number: [blank], State of Reg: [blank], Vehicle Year & Make: [blank], Vehicle Type: [blank], Ins. Code: [blank]					
5	Ticket/Arrest Number(s): [blank] Violation Section(s): [blank]				Ticket/Arrest Number(s): [blank] Violation Section(s): [blank]					
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 3, 4, 5 Enter up to three more Damage Codes: [blank] Vehicle Towed: By CFBO To [blank]				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5 Enter up to three more Damage Codes: [blank] Vehicle Towed: By [blank] To [blank]				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 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										
Reference Marker		Coordinates (if available) Latitude/Northing: [blank] Longitude/Easting: [blank]		Place Where Accident Occurred: County: Monroe, City/Village/Town of: Rochester Road on which accident occurred: 481 Thurston Rd (Route Number or Street Name) at 1) intersecting street: Sawyer St. (Route Number or Street Name) or 2) [blank] N S E W of [blank] (Milepost, Nearest intersecting Route Number or Street Name)						
Accident Description/Officer's Notes: (Car #1) (V3) all in the rear end. No injuries were incurred and police photos were taken. All three vehicles were driven away by their perspective drivers. Sgt. [blank] notified and responded to scene. (V1) Fleet # 071384 (W-65) and (V2) Fleet # 081356 (W-70).										

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
Officer's Rank and Signature: PO J. [blank] Print Name in Full: PO D. HOGES																		Badge/ID No.: 2036 NCIC No.: 02701 Precinct/Post Troop/Zone: WEST Station/Beat/Sector: 52 Reviewing Officer: [blank] Date/Time Reviewed: 8/5/11 2032		

USE COVER SHEET

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-221518
FQ7162000037

☐ AMENDED REPORT

1	Accident Date Month: 7, Day: 16, Year: 2011	Day of Week Saturday	Military Time 15:12	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/> Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 64	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 Driver License ID Number: 223082591 Driver Name - exactly as printed on license: HARVEY, WILLIE G Address (Include Number and Street): 86 ENTERPRISE ST City or Town: ROCHESTER, State: NY, Zip Code: 14619 Date of Birth: Month 8, Day 26, Year 1940, Sex: M, Unlicensed: <input type="checkbox"/>, No. of Occupants: 01, Public Property Damaged: <input checked="" type="checkbox"/> </div> <div style="width: 48%;"> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number: _____, State of Lic.: _____ Driver Name - exactly as printed on license: PARKED, Address (Include Number and Street): _____, Apt. No.: _____ City or Town: _____, State: _____, Zip Code: _____ Date of Birth: _____, Sex: _____, Unlicensed: <input type="checkbox"/>, No. of Occupants: 00, Public Property Damaged: <input type="checkbox"/> </div> </div>										21
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Name - exactly as printed on registration: HARVEY, WILLIE G, Sex: M, Date of Birth: Month 8, Day 26, Year 1940 Address (Include Number and Street): 86 ENTERPRISE ST, Apt. No.: _____, Haz. Mat. Code: _____, Released: <input type="checkbox"/> </div> <div style="width: 48%;"> Name - exactly as printed on registration: WRIGHT, FONTELLA E, Sex: F, Date of Birth: Month 8, Day 19, Year 1968 Address (Include Number and Street): 26 RAEBURN ST, Apt. No.: _____, Haz. Mat. Code: _____, Released: <input type="checkbox"/> </div> </div>										23 5
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> City or Town: ROCHESTER, State: NY, Zip Code: 14619 Plate Number: EVY5899, State of Reg: NY, Vehicle Year & Make: 2008 FORD, Vehicle Type: SUBN, Ins. Code: 230 </div> <div style="width: 48%;"> City or Town: ROCHESTER, State: NY, Zip Code: 14619 Plate Number: FGJ2851, State of Reg: NY, Vehicle Year & Make: 1991 INFI, Vehicle Type: 4DSD, Ins. Code: 719 </div> </div>										24 5
Violation Section(s) Violation Section(s): _____										25 1
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: _____, Box 2 - Most Damage: _____ Enter up to three more damage codes: _____, _____, _____ </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: _____, Box 2 - Most Damage: _____ Enter up to three more damage codes: _____, _____, _____ </div> </div>										26 10
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER										27 1
ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.										28 1
Reference Marker Coordinates (if available): Latitude/Northing: _____ Longitude/Easting: _____										29 11
Place Where Accident Occurred: County: MONROE, City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> of ROCHESTER Road on which accident occurred: THURSTON RD (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) 100 feet _____ miles _____ of FLANDERS ST (Milepost, Nearest intersecting Route Number or Street Name)										30 -
Accident Description/Officer's notes V1 OPERATED BY D1 SIDESWIPES PARKED, UNOCCUPIED V2. V1 CONTINUES OFF ROAD AND STRIKES LIGHT POLE, KNOCKING IT OVER. V1 CONTINUES OFF ROAD AND STRIKES PRIVATELY OWNED SHRUBBERY AND SIGN OF MEGGIDO CHURCH. NO INJURIES. PROPERTY DAMAGE BY VEHICLE #01 - LIGHT POLE, CITY OF ROCHESTER 30 CHURCH ST ROCHESTER NY PROPERTY DAMAGE BY VEHICLE #01 - SIGN AND SHRUBBERY, MEGGIDO CHURCH										31 N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	70	M	-	-	-			HARVEY, WILLIE G	
B													
C													
D													
E													
F													

Officer's Rank and Signature Print Name in Full: JUSTIN STEWART	Badge/ID No. 1750	NCIC No. 02701	Precinct/Post Troop/Zone ----	Station/Beat Sector --	Reviewing Officer Waldo, Richard E JR	Date/Time Reviewed 7/27/2011 15:28
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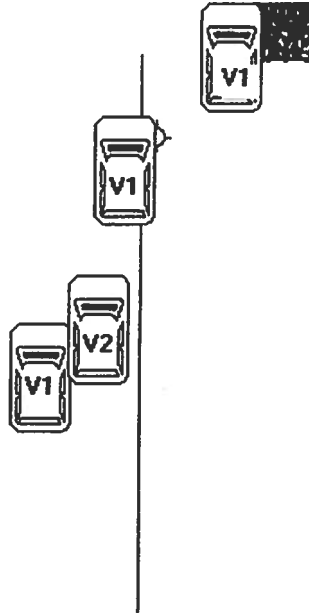
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-221518
FQ7162000037

☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year								
7	16	2011	Saturday	15:12	2	0	0	Accident Reconstructed <input type="checkbox"/>		

Thurston rd



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-219091
FQ7242000052

☐ AMENDED REPORT

1	Accident Date Month: 7, Day: 14, Year: 2011	Day of Week Thursday	Military Time 17:04	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 4	
2	VEHICLE 1 Driver License ID Number: 472729176 Driver Name - exactly as printed on license: MANLEY, TIM B Address (Include Number and Street): 124 BURLINGTON AVE City or Town: ROCHESTER, State: NY, Zip Code: 14619				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number: 589380127 Driver Name - exactly as printed on license: ISOM, GREGORY D Address (Include Number and Street): 443 COLUMBIA AVE City or Town: ROCHESTER, State: NY, Zip Code: 14611					21
3	Date of Birth: Month 5, Day 3, Year 1966, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>				Date of Birth: Month 4, Day 11, Year 1955, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>					22
4	Name - exactly as printed on registration: MANLEY, MELISSA R, Sex: F, Date of Birth: Month 3, Day 13, Year 1971				Name - exactly as printed on registration: SHAW, MARY, Sex: F, Date of Birth: Month 1, Day 20, Year 1934					23
5	Address (Include Number and Street): 124 BURLINGTON AV, City or Town: ROCHESTER, State: NY, Zip Code: 14619				Address (Include Number and Street): 443 COLUMBIA AVE, City or Town: ROCHESTER, State: NY, Zip Code: 14611					24
6	Plate Number: ELS3748, State of Reg: NY, Vehicle Year & Make: 2003 FORD, Vehicle Type: SUBN, Ins. Code: 100				Plate Number: SHAW, State of Reg: NY, Vehicle Year & Make: 2006 CHEV, Vehicle Type: 2DSD, Ins. Code: 182					25
7	Ticket/Arrest Number(s):				Ticket/Arrest Number(s):					26
8	Violation Section(s):				Violation Section(s):					27
9	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.					28
10	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 1, Enter up to three more damage codes: 1, 3, 4				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 5, Box 2 - Most Damage: 5, Enter up to three more damage codes: 4, 3, 4					29
11	Vehicle Bv: Towed: To:				Vehicle Bv: Towed: To:					30
12	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				See the last page of the MV-104A for the accident diagram.					31
13	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County: MONROE, City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> of ROCHESTER Road on which accident occurred: THURSTON STREET (Route Number or Street Name) at 1) intersecting street: <input type="checkbox"/> N <input checked="" type="checkbox"/> S of INGLEWOOD (Route Number or Street Name) or 2) 100 feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)					32
14	Accident Description/Officer's notes V1 AND V2 WERE BOTH TRAVELING SOUTHBOUND ON THURSTON STREET. THE DRIVER OF V1 STATED THAT V2 DID NOT HAVE HIS SIGNAL LAMP ON WHEN V2 ATTEMPTED TO TURN RIGHT INTO A DRIVEWAY. V2 STATED THAT HE DID SIGNAL WHILE ATTEMPTING TO TURN AND THAT V1 TRIED TO GO AROUND V2. V1 STRUCK V2'S RIGHT SIDE WITH V1'S FRONT LEFT SIDE. THERE WERE NO INJURIES. BOTH VEHICLES CARED FOR BY OWNERS									33

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	2	1	45	M	-	-	-		MANLEY, TIM B	
B	2	1	2	1	56	M	-	-	-		ISOM, GREGORY D	
C												
D												
E												
F												
Officer's Rank and Signature: OFFICER <i>[Signature]</i>						Badge/ID No. 2140		NCIC No. 02701		Precinct/Post Troop/Zone: W	Station/Beat Sector: 5313	Reviewing Officer: Dinicola, Robert M
Print Name in Full: Jason PRINZI												Date/Time Reviewed: 7/15/2011 21:33

USE COVER SHEET

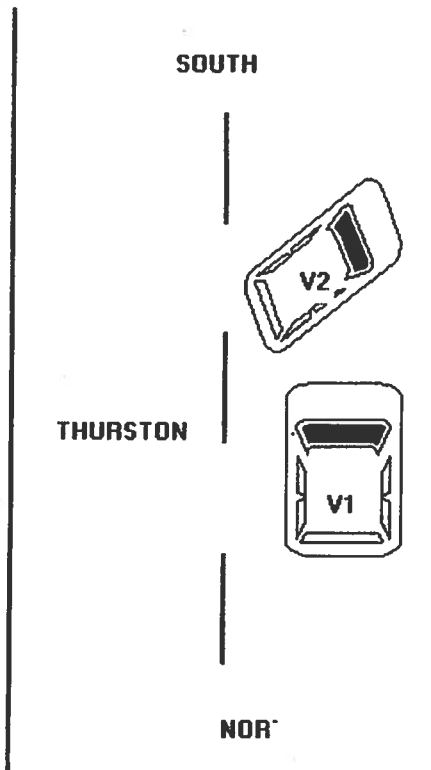
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-219091
FQ7242000052

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
7	14	2011	Thursday	17:04	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (8/04)

DMV COPY

11-204758

AMENDED REPORT

1	Accident Date Month: 07, Day: 03, Year: 2011	Day of Week Sun	Military Time 1013	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					

2	VEHICLE 1 - Driver License ID Number: 350 039 565	State of Lic.: NY	VEHICLE 2 - Driver License ID Number: 133-741-055	State of Lic.: NY
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2	Driver Name - exactly as printed on license: CRUZ, Daniel L	Address (Include Number & Street): 1072 South Ave (DOWN)	Apt. No.: DWN	City or Town: Rochester	State: NY	Zip Code: 14620	Driver Name - exactly as printed on license: HOANG, Niem, Yen	Address (Include Number & Street): 211 Wetmore Park	Apt. No.:	City or Town: Rochester	State: NY	Zip Code: 14606
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3	Date of Birth: 01/09/68	Sex: M	Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 0	Public Property Damaged: <input type="checkbox"/>	Date of Birth: 01/01/72	Sex: F	Unlicensed: <input type="checkbox"/>	No. of Occupants: 0	Public Property Damaged: <input type="checkbox"/>
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3	Name - exactly as printed on registration: LANG, Branley	Sex: M	Date of Birth: 01/01/72	Name - exactly as printed on registration: HOANG, Niem, Yen	Sex: F	Date of Birth: 01/01/72
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3	Address (Include Number & Street): 638 Hills Pond Rd	Apt. No.:	City or Town: Webster	State: NY	Zip Code: 14580	Address (Include Number & Street): 174 Fairgate St	Apt. No.:	City or Town: Rochester	State: NY	Zip Code: 14606
---	--	-----------	-----------------------	-----------	-----------------	--	-----------	-------------------------	-----------	-----------------

3	Plate Number: CHY-8633	State of Reg.: NY	Vehicle Year & Make: 2004 NISSAN	Vehicle Type: 4DR	Ins. Code: 328	Plate Number: FGH-6588	State of Reg.: NY	Vehicle Year & Make: 1994 Toyota	Vehicle Type: 4DR	Ins. Code: 626
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3	Ticket/Arrest Number(s): AAJ9335152 / AAJ9335174	Ticket/Arrest Number(s):
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3	Violation Section(s): AUC 2nd / unlicensed operator	Violation Section(s):
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3	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.
---	--	--

3	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3, 13, 2	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 12, 2, 5
---	---	---

3	Vehicle Towed: By 453 To EAST AVE AUTO	Vehicle Towed: By 453 To EAST AVE AUTO
---	--	--

3	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER
---	--

3	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:
---	------------------	--

3	Place Where Accident Occurred: County: Monroe City/Village/Town of: Rochester Road on which accident occurred: THURSTON RD at 1) intersecting street: Sheldon TERR or 2) Feet Miles of: (Milepost, Nearest intersecting Route Number or Street Name)
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3	Accident Description/Officer's Notes: V1 was traveling NORTH on Thurston Rd and V2 was traveling south on Thurston Rd. One of said drivers drifted into oncoming traffic, but unclear who. V1 and V2 collided head on, driver to driver. This caused V1 to flip and land on its roof. V2 spun around. Both cars destroyed. V2 suffered head, neck, and facial injuries. V1 suffers from complaint of pain. NON-Life threatening.
---	--

3	Names of all involved: Daniel L. Cruz, Niem Yen Hoang
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3	Date of Death Only
---	--------------------

3	Officer's Rank and Signature: [Signature]	Badge/ID No.: 1684	NCIC No.: 02701	Precinct/Post Troop/Zone: W	Station/Beat Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 7-3-11 / 1456
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3	Print Name in Full: TOM G. JACOB
---	----------------------------------

3	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
---	--

3	Accident Diagram: [Diagram showing head-on collision between V1 and V2 on Thurston Rd, with V1 flipping over. Impact point marked. Sheldon Terr shown as intersecting street.]
---	--

3	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
---	--

3	Diagram options: 1. Rear End, 2. Sideswipe (same direction), 3. Left Turn, 4. Right Angle, 5. Right Turn, 6. Left Turn, 7. Head On, 8. Right Turn, 9. Sideswipe (opposite direction).
---	---

3	Diagram selection: 7. Head On
---	-------------------------------

3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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3	Diagram selection: 7. Head On
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Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (8/04)

DMV COPY

11-204758

☐ AMENDED REPORT

1	Accident Date Month <u>07</u> Day <u>03</u> Year <u>2011</u>	Day of Week <u>SUN</u>	Military Time <u>1013</u>	No. of Vehicles <u>2</u>	No. Injured <u>2</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20	
2	VEHICLE 1 License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____					VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/> License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____					21
3	Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> Month _____ Day _____ Year _____ Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> Month _____ Day _____ Year _____ Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____ Address (Include Number & Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>					22
4	City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____					City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____					23
5	Ticket/Arrest Number(s) _____ Violation Section(s) _____					Ticket/Arrest Number(s) _____ Violation Section(s) _____					24
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.					25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ 1 _____ 2 _____ Box 2 - Most Damage _____ Enter up to three more Damage Codes _____ 3 _____ 4 _____ 5 _____					26
8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 3. 5. 7. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) 2. 4. 6. 8. 9. _____ Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No					27
9	Reference Marker _____ Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____					Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ 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 <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name) Feet _____ Miles _____					28
10	Accident Description/Officer's Notes both drivers transported to Strong Hosp. Witness accounts were inconsistent as some had V1 coming from Shelton Terr onto Thurston RD. Both drivers agree they were both on Thurston RD coming in opposite directions. Spoke to W Erica Clark, 102 Enterprise, 328-8269 TRON HUNN 631 Thurston 309-5533 and Mondre Pointer 616 Thurston RD 217-7220. V1 WAS AWD 2ND and was ticketed as such. Nothing further Tech on scene.										29
11	Names of all involved _____ Date of Death Only _____										30
12	Officer's Rank and Signature <u>POMYAZZACK</u> Badge/ID No. <u>1684</u> NCIC No. <u>02701</u> Precinct/Post Troop/Zone <u>W</u> Station/Beat/Sector <u>52</u> Reviewing Officer <u>7-3-11/1456</u> Date/Time Reviewed <u>8/11/2011</u>										31

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-195689
FQ7235000028

☐ AMENDED REPORT

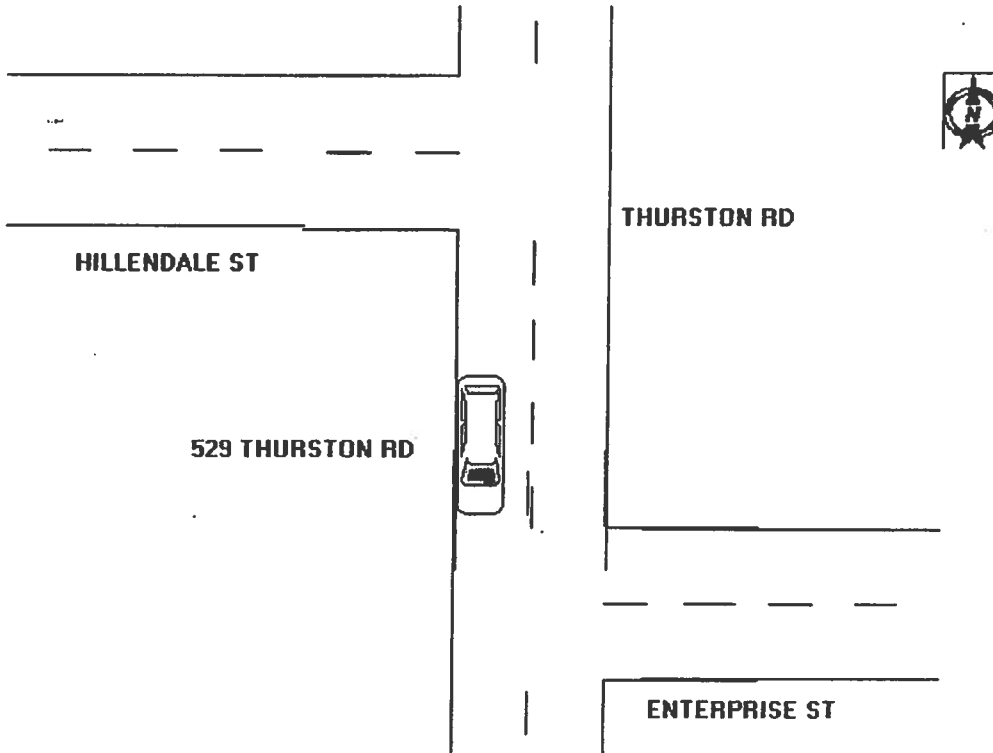
1		Accident Date		Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20			
		Month	Day	Year					Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
		6	26	2011	Sunday	01:00	2	0	0						
VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN															
2		VEHICLE 1 - Driver				State of Lic.				VEHICLE 2 - Driver				State of Lic.	
		License ID Number								License ID Number					
		Driver Name - exactly as printed on license				LSA, UNKNOWN				Driver Name - exactly as printed on license				PARKED,	
		Address (Include Number and Street)				Apt. No.				Address (Include Number and Street)				Apt. No.	
		City or Town				State				City or Town				State	
		Zip Code								Zip Code					
3		Date of Birth		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>						22		
		Month	Day	Year											
		1				00									
		Name - exactly as printed on registration				Sex	Date of Birth						23		
		LSA, UNKNOWN					Month	Day	Year				0		
		Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Released							
		City or Town				State	Zip Code								
		ROCHESTER				NY	14619								
5		Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code							24		
		UNKNOWN											5		
2		Ticket/Arrest Number(s)				Ticket/Arrest Number(s)									
		Violation Section(s)				Violation Section(s)								25	
		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; <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.				Rear End Left Turn Right Angle Right Turn Head On Sideways (same direction) Left Turn Right Turn Sideways (opposite direction)				10	
6		VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACIDENT DIAGRAM				27	
		Box 1 - Point of Impact				Box 1 - Point of Impact				See the last page of the MV-104A for the accident diagram.				28	
		Box 2 - Most Damage				Box 2 - Most Damage				Cost of repairs to any one vehicle will be more than \$1000.				1	
		Enter up to three more damage codes				Enter up to three more damage codes				<input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Vehicle Bv:				Vehicle Bv:									
		Towed: To:				Towed: To:									
		VEHICLE DAMAGE CODING:				1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER									
		Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>529 THURSTON ROAD</u> at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>20</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S of <u>NEAREST INTERSECTION</u> feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)								29	
		Accident Description/Officer's notes VEHICLE #2 WAS PARKED AT THE ABOVE LOCATION FACING SOUTH. VEHICLE #2 WAS PARKED THERE FROM 2100 HRS ON 6/25/11 TO 0200 HRS ON 6/26/11, WHEN UNKNOWN VEHICLE #1 STUCK VEHICLE #2 WITHIN THAT TIME FRAME. RO CHECKED THE AREA AND FOUND NO EVIDENCE LEFT BEHIND.												30	

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	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed						
	Print Name <u>Steven J Alberto</u>	<u>1385</u>	<u>02701</u>	<u>----</u>	<u>--</u>	<u>Perkowski, Michael</u>	<u>7/3/2011 20:37</u>						

Local Codes
11-195689
FQ7235000028

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
6	26	2011	Sunday	01:00	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-192018
FQ7073000047

☐ AMENDED REPORT

1	Accident Date Month 6 Day 23 Year 2011	Day of Week Thursday	Military Time 16:08	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20			
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number 806755142 Driver Name - exactly as printed on license DRISCOLL, TIMOTHY C Address (Include Number and Street) 596 POST AVE City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 10 Day 11 Year 1953 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 03 Public Property Damaged <input checked="" type="checkbox"/> Name - exactly as printed on registration DRISCOLL, TIMOTHY C Sex M Date of Birth Month 10 Day 11 Year 1953 Address (Include Number and Street) 596 POST AVE Apt. No. Haz. Mat. Code Released City or Town ROCHESTER State NY Zip Code 14619 Plate Number DHN1807 State of Reg. NY Vehicle Year & Make 2009 KIA Vehicle Type SUBN Ins. Code 219 Ticket/Arrest Number(s) Violation Section(s)				VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) Apt. No. Haz. Mat. Code Released City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				21				
3	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 3 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: 451-ALLIANCE Towed: To: 451-ALLIANCE VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: Towed: To: VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACCORDING TO THE DIAGRAM BELOW THAT DESCRIBES THE ACCIDENT, OR DRAW YOUR OWN DIAGRAM IN SPACE #9. NUMBER THE VEHICLES. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				22
4	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AV (Route Number or Street Name) at 1) intersecting street THURSTON RD (Route Number or Street Name) or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name)				23
5	Accident Description/Officer's notes ON ABOVE DATE AND TIME (V1) WAS TRAVELING SOUTHBOUND ON THURSTON RD, APPROACHING THE INTERSECTION AT BROOKS AVE. (V1) WAS PREPARING TO TURN LEFT; EASTBOUND ONTO POST AVE, WHEN A PEDESTRIAN, IGNORING THE PED CROSSING SIGNAL BEGAN TO CROSS IN FRONT OF HER VEHICLE. (V1) IN ATTEMPT TO NOT STRIKE PEDESTRIAN SWERVED TO THE RIGHT, AND STRUCK A GAS UTILITY POLE ON THE SOUTHEAST SIDEWALK OF THE INTERSECTION. FIRE DEPT AND ROCHESTER GAS AND ELECTRIC O/S AND REPORTED NO DAMAGE TO POLE, BUT NOTICED A SMALL GAS LEAK WHICH WAS REMEDIATED BY RG&E. NO										24		
6	ALL INVOLVED										25		
7	Officer's Rank and Signature Officer: [Signature] Print Name Daniel Watson Badge/ID No. 1980 NCIC No. 02701 Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer Waldo, Richard E JR Date/Time Reviewed 6/24/2011 21:03										26		

POLICE ACCIDENT REPORT

MV-104A (3/04)

19

Local Codes
11-192018
FQ7073000047

☐ AMENDED REPORT

1	Accident Date Month 6 Day 23 Year 2011 Day of Week Thursday Military Time 16:08 No. of Vehicles 1 No. Injured 0 No. Killed 0 Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/> City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	21
3	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) Apt. No. Haz. Mat. Code Released <input type="checkbox"/> City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	22
4	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; VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed: To:	23
5	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; VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed: To:	24
6	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1 2 3 4 5 6 7 SideSwipe (same direction) Left Turn Right Turn SideSwipe (opposite direction) 8 9 10 11 12 ACCIDENT DIAGRAM 9.	25
7	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	26
8	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Road on which accident occurred (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) feet miles N S E W of (Milepost, Nearest intersecting Route Number or Street Name)	27
9	Accident Description/Officer's notes INJURIES, PEDESTRIAN DID NOT STAND BY. VEHICLE TOWED TO GARAGE BY ALLIANCE TOWING. PROPERTY DAMAGE BY VEHICLE #01 - MINOR SCRAPE TO GAS UTILITY PO, ROCHESTER GAS AND ELECTRI 400 WEST AVE ROCHESTER NY 14611	28
10	Names of all Involved Date of Death Only	29
11	Officer's Rank and Signature Print Name Daniel Watson in Full	30
12	Badge/ID No. 1980 NCIC No. 02701 Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer Date/Time Reviewed 6/24/2011 21:03	

ALL INVOLVED

USE COVER SHEET

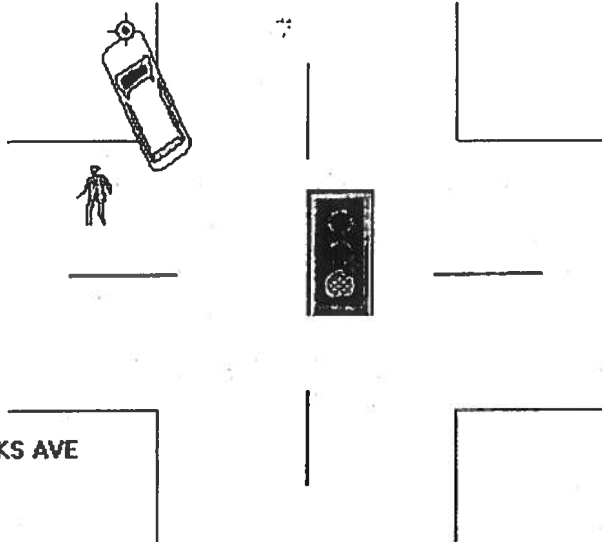
N

Local Codes
11-192018
FQ7073000047

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
6	23	2011	Thursday	16:08	1	0	0			

THURSTON RD



BROOKS AVE

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

11-173978

☐ AMENDED REPORT

19

4

Accident Date Month: 06, Day: 09, Year: 11		Day of Week Thu	Military Time 1341	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
VEHICLE 1 - Driver License ID Number: 511 184 394		State of Lic.: NY		VEHICLE 2 - Driver License ID Number: 381 659 433		State of Lic.: NY		VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	
Driver Name - exactly as printed on license: COHA, MARIA, E		Apt. No.: -		Driver Name - exactly as printed on license: WHITE, INGRID, E		Apt. No.: -		Accident Reconstructed <input type="checkbox"/>	
Address (Include Number & Street): 60 D Northgate Mnr		City or Town: Rochester, NY		Address (Include Number & Street): 214 Trafalgar		City or Town: Rochester, NY		Zip Code: 14614	
Date of Birth: 09/12/59	Sex: F	Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Date of Birth: 07/41	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Date of Birth: -	Sex: -
Name - exactly as printed on registration: SAME		Date of Birth: -		Name - exactly as printed on registration: SAME		Date of Birth: -		Public Property Damaged: <input type="checkbox"/>	
Address (Include Number & Street): -		Apt. No.: -		Address (Include Number & Street): -		Apt. No.: -		Released: <input type="checkbox"/>	
City or Town: -		State: -		City or Town: -		State: -		Zip Code: -	
Plate Number: E198702	State of Reg.: NY	Vehicle Year & Make: 2003 Ford	Vehicle Type: 4D	Ins. Code: 59	Plate Number: 200	State of Reg.: NY	Vehicle Year & Make: 2009 Ford	Vehicle Type: 4D	Ins. Code: 089
Ticket/Arrest Number(s): -		Violation Section(s): -		Ticket/Arrest Number(s): -		Violation Section(s): -		Released: <input type="checkbox"/>	
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.					
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2		ACIDENT DIAGRAM Rear End: 1, Left Turn: 3, Right Angle: 4, Right Turn: 5, Head On: 7, Sideswipe (same direction): 2, Left Turn: 0, Right Turn: 6, Sideswipe (opposite direction): 8					
Vehicle Towed: By To		Vehicle Towed: By To		Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Reference Marker		Coordinates (if available)		Place Where Accident Occurred: County: Monroe City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> of Rochester Road on which accident occurred: Brooks Av at 1) intersecting street: Thurston Rd (Route Number or Street Name) or 2) - - - - - of - - - - - (Route Number or Street Name) Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)					
Accident Description/Officer's Notes: veh #1 was traveling E/B on Brooks Av when she struck veh #2 which traveling E/B in front of veh #1. When veh #1 attempted to brake, she pushed the accelerator instead of the brake.									

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ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	53	F	1	12	6	9993	2706			DRIVER 1	
B	2	1	4	1	63	M	4	12	6	9993	2706			DRIVER 2	
C															
D															
E															
F															

Officer's Rank and Signature: P.O. Michael Palmer	Badge/ID No.: 1597	NCIC No.: 0211	Precinct/Post: WCD	Station/Beat/Sector: 53	Reviewing Officer: T. Williams	Date/Time Reviewed: 6-14-11/1303
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USE COVER SHEET

N

POLICE ACCIDENT REPORT

MV-104A (3/04)

19
4

Local Codes
11-153338
FQ7223000018

☐ AMENDED REPORT

1	Accident Date Month 5 Day 21 Year 2011		Day of Week Saturday	Military Time 02:00	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 699169245 Driver Name - exactly as printed on license JOHNSON, ASHLEY T Address (Include Number and Street) 342 WOODBINE AVENUE City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 12 Day 4 Year 1988 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license PARKED, Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants 00 Public Property Damaged <input type="checkbox"/> </div> </div>											21	
2	<div style="display: flex; justify-content: space-between;"> <div> Name - exactly as printed on registration GLASGOW, LENETHIA L Address (Include Number and Street) 808 SOUTH PLYMOUTH AVENUE City or Town ROCHESTER State NY Zip Code 14608 Plate Number FLP9521 State of Reg. NY Vehicle Year & Make 1996 PONT Vehicle Type 4DSD Ins. Code 689 </div> <div> Name - exactly as printed on registration DAVIS, ERIC D Address (Include Number and Street) 609 NORTH STREET City or Town ROCHESTER State NY Zip Code 14605 Plate Number EUR2950 State of Reg. NY Vehicle Year & Make 2002 MERC Vehicle Type SUBN Ins. Code 273 </div> </div>											22
3	<div style="display: flex; justify-content: space-between;"> <div> Ticket/Arrest Number(s) Violation Section(s) </div> <div> Ticket/Arrest Number(s) Violation Section(s) </div> </div>											23
4	<div style="display: flex; justify-content: space-between;"> <div> 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. </div> <div> 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. </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. </div> </div>											24
5	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 3 1 2 Box 2 - Most Damage 7 7 Enter up to three more damage codes 3 4 5 </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 8 1 2 Box 2 - Most Damage 8 Enter up to three more damage codes 9 4 5 </div> <div> ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. </div> </div>											25
6	<div style="display: flex; justify-content: space-between;"> <div> Vehicle Bv: Towed: To: </div> <div> Vehicle Bv: Towed: To: </div> <div> Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>											26
7	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div> Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: </div> <div> Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON ROAD (Route Number or Street Name) at 1) intersecting street BROOKS AVENUE (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name) </div> </div>											27
8	Accident Description/Officer's notes VEHICLE 2 WAS PARKED NE FACING N/B AT THE INTERSECTION OF THURSTON ROAD AND BROOKS AVENUE. VEHICLE 1 WAS DRIVING N/B ON THURSTON AND STRUCK THE PARKED VEHICLE IN THE REAR.											28
9	Names of all involved Date of Death Only											29
10	Names of all involved Date of Death Only											30
11	Names of all involved Date of Death Only											31
12	Names of all involved Date of Death Only											32
13	Names of all involved Date of Death Only											33
14	Names of all involved Date of Death Only											34
15	Names of all involved Date of Death Only											35
16	Names of all involved Date of Death Only											36
17	Names of all involved Date of Death Only											37
18	Names of all involved Date of Death Only											38
19	Names of all involved Date of Death Only											39
20	Names of all involved Date of Death Only											40
21	Names of all involved Date of Death Only											41
22	Names of all involved Date of Death Only											42
23	Names of all involved Date of Death Only											43
24	Names of all involved Date of Death Only											44
25	Names of all involved Date of Death Only											45
26	Names of all involved Date of Death Only											46
27	Names of all involved Date of Death Only											47
28	Names of all involved Date of Death Only											48
29	Names of all involved Date of Death Only											49
30	Names of all involved Date of Death Only											50
31	Names of all involved Date of Death Only											51
32	Names of all involved Date of Death Only											52
33	Names of all involved Date of Death Only											53
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38	Names of all involved Date of Death Only											58
39	Names of all involved Date of Death Only											59
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41	Names of all involved Date of Death Only											61
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47	Names of all involved Date of Death Only											67
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49	Names of all involved Date of Death Only											69
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52	Names of all involved Date of Death Only											72
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56	Names of all involved Date of Death Only											76
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59	Names of all involved Date of Death Only											79
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67	Names of all involved Date of Death Only											87
68	Names of all involved Date of Death Only											88
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76	Names of all involved Date of Death Only											96
77	Names of all involved Date of Death Only											97
78	Names of all involved Date of Death Only											98
79	Names of all involved Date of Death Only											99
80	Names of all involved Date of Death Only											100

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	22	F	-	-	-				JOHNSON, ASHLEY T	
B														
C														
D														
E														
F														
Officer's Rank and Signature OFFICER <i>Jeffrey Kester</i> Print Name JEFFREY KESTER In Full													Badge/ID No. 2230 NCIC No. 02701 Precinct/Post Troop/Zone W54 Station/Beat Sector Reviewing Officer Rodriguez, Juan M Date/Time Reviewed 5/31/2011 06:54	

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-153338
FQ7223000018

☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	21	2011	Saturday	02:00	2	0	0			

brooks avenue



thurston road

Local Codes
11-134182New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: <u>5</u> Day: <u>7</u> Year: <u>2011</u>	Day of Week <u>SAT</u>	Military Time <u>1150</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 License ID Number: <u>269 875 423</u> State of Lic.: <u>NY</u> Driver Name - exactly as printed on license: <u>SULLIVAN, RICHARD, Y.</u> Address (Include Number & Street): <u>1095 LEE ROAD</u> Apt. No.: <u>-</u> City or Town: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14606</u> </div> <div> VEHICLE 2 License ID Number: <u>935 159 947</u> State of Lic.: <u>NY</u> Driver Name - exactly as printed on license: <u>BELL, SONJA, T.</u> Address (Include Number & Street): <u>154 WOODBURY ST</u> Apt. No.: <u>-</u> City or Town: <u>ROCHESTER</u> State: <u>NY</u> Zip Code: <u>14605</u> </div> </div>											21																																																																																																																
<div style="display: flex; justify-content: space-between;"> <div> Date of Birth: <u>8/10/53</u> Sex: <u>M</u> Unlicensed: <input type="checkbox"/> No. of Occupants: <u>2</u> Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: <u>DRIVER</u> Sex: <u>M</u> Date of Birth: <u>8/10/53</u> Address (Include Number & Street): <u>144 B GREEN KNOLL RD</u> Apt. No.: <u>B</u> Haz. Mat. Code: <input type="checkbox"/> Released: <input type="checkbox"/> </div> <div> Date of Birth: <u>8/17/74</u> Sex: <u>F</u> Unlicensed: <input type="checkbox"/> No. of Occupants: <u>2</u> Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: <u>LANE, ALTHREE</u> Sex: <u>F</u> Date of Birth: <u>8/17/74</u> Address (Include Number & Street): <u>144 B GREEN KNOLL RD</u> Apt. No.: <u>B</u> Haz. Mat. Code: <input type="checkbox"/> Released: <input type="checkbox"/> </div> </div>											22																																																																																																																
<div style="display: flex; justify-content: space-between;"> <div> Plate Number: <u>BHM 4255</u> State of Reg.: <u>NY</u> Vehicle Year & Make: <u>99 GMC</u> Vehicle Type: <u>SUBV</u> Ins. Code: <u>182</u> </div> <div> Plate Number: <u>ELT 7668</u> State of Reg.: <u>NY</u> Vehicle Year & Make: <u>2000 HONDA</u> Vehicle Type: <u>2DR</u> Ins. Code: <u>328</u> </div> </div>											23																																																																																																																
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<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: <u>3</u> Box 2 - Most Damage: <u>3</u> Enter up to three more Damage Codes: <u>3</u> <u>4</u> <u>5</u> </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: <u>6</u> Box 2 - Most Damage: <u>6</u> Enter up to three more Damage Codes: <u>3</u> <u>4</u> <u>5</u> </div> <div> ACCIDENT DIAGRAM </div> </div>											26																																																																																																																
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Accident Description/Officer's Notes: <u>VEH. 1 WAS PULLING ONTO THURSTON RD. WHEN IT HAD A COLLISION WITH VEH. 2, CAUSING DAMAGE. OPER. 1 SAID HE HAD PULLED OUT ALMOST TO THE DOUBLE YELLOW LINE & WAS STUCK BY VEH. 2. OPER. 2 SAID VEH. 1 STUCK HERE AS SHE WAS TRAVELING BY. NO INJURIES.</u> <u>@ JOE WEEKLY PH 424-0660 / @ YESSERIA RIOS 305-4182</u>											29																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>58</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Richard Sullivan</td> <td></td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>4</td> <td>1</td> <td>81</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Harvey Sullivan</td> <td></td> </tr> <tr> <td>C</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>36</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Sonja J. Bell</td> <td></td> </tr> <tr> <td>D</td> <td>2</td> <td>4</td> <td>5</td> <td>1</td> <td>3</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Camille Jefferson</td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only	A	1	1	4	1	58	M	-	-	-	-	-	-	-	Richard Sullivan		B	1	3	4	1	81	M	-	-	-	-	-	-	-	Harvey Sullivan		C	2	1	4	1	36	F	-	-	-	-	-	-	-	Sonja J. Bell		D	2	4	5	1	3	F	-	-	-	-	-	-	-	Camille Jefferson		E																F																30
	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only																																																																																																												
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D	2	4	5	1	3	F	-	-	-	-	-	-	-	Camille Jefferson																																																																																																													
E																																																																																																																											
F																																																																																																																											
Officer's Rank and Signature: <u>PO J. Holmes</u> Badge/ID No.: <u>757</u> NCIC No.: <u>02701</u> Precinct/Post Troop/Zone: <u>10</u> Station/Beat/Sector: <u>52</u> Reviewing Officer: <u>Sgt PNY2223</u> Date/Time Reviewed: <u>5/7/11</u>											31																																																																																																																

ALL INVOLVED

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N

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-130575
FQ7162000024

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20		
Month 5 Day 4 Year 2011		Wednesday	15:28	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-		
VEHICLE 1				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN								
2 VEHICLE 1 - Driver License ID Number 327621181				State of Lic. NY		VEHICLE 2 - Driver License ID Number 356813793				State of Lic. NY		
Driver Name - exactly as printed on license BRADLEY, LATRICE D				Driver Name - exactly as printed on license MILHOUSE, WILMA J							21	
Address (Include Number and Street) 467 WESTFIELD ST				Apt. No.		Address (Include Number and Street) 100 RAVENWOOD AVE				Apt. No.		
City or Town ROCHESTER				State NY		City or Town ROCHESTER				State NY		
Zip Code 14607				Zip Code 14619							22	
3 Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	
Month 11 Day 19 Year 1972		F	<input checked="" type="checkbox"/>	01	<input type="checkbox"/>	Month 9 Day 15 Year 1943		F	<input type="checkbox"/>	02	<input type="checkbox"/>	
Name - exactly as printed on registration BRADLEY, LATRICE D				Sex F		Date of Birth Month 11 Day 19 Year 1972		Name - exactly as printed on registration MILHOUSE, WILMA J		Sex F		
Address (Include Number and Street) PO BOX 31523				Apt. No.		Address (Include Number and Street) 100 RAVENWOOD AVE		Apt. No.		Haz. Mat. Code		
City or Town ROCHESTER				State NY		City or Town ROCHESTER		State NY		Zip Code 14619		
Plate Number EFT9245		State of Reg. NY		Vehicle Year & Make 2004 CHEV		Vehicle Type 2DSD		Ins. Code 639		Plate Number DVT3992		
State of Reg. NY		Vehicle Year & Make 2007 LEXS		Vehicle Type 4DSD		Ins. Code 328						
Ticket/Arrest Number(s)				Ticket/Arrest Number(s)								23
Violation Section(s)				Violation Section(s)								25
6 Check if involved vehicle is:				6 Check if involved vehicle is:				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				1
<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.				Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)				
VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM				26
Box 1 - Point of Impact				Box 1 - Point of Impact				See the last page of the MV-104A for the accident diagram.				27
Box 2 - Most Damage				Box 2 - Most Damage				Cost of repairs to any one vehicle will be more than \$1000.				28
Enter up to three more damage codes				Enter up to three more damage codes				<input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				1
Vehicle Bv:				Vehicle Bv:								
Towed: To:				Towed: To:								
VEHICLE DAMAGE CODING:				VEHICLE DAMAGE CODING:								
1-13 SEE DIAGRAM ON RIGHT.				1-13 SEE DIAGRAM ON RIGHT.								
14. UNDERCARRIAGE 17. DEMOLISHED				14. UNDERCARRIAGE 17. DEMOLISHED								
15. TRAILER 18. NO DAMAGE				15. TRAILER 18. NO DAMAGE								
16. OVERTURNED 19. OTHER				16. OVERTURNED 19. OTHER								
Reference Marker				Coordinates (if available)				Place Where Accident Occurred:				29
Latitude/Northing:				Latitude/Northing:				County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER				-
Longitude/Easting:				Longitude/Easting:				Road on which accident occurred THURSTON RD (Route Number or Street Name)				
								at 1) intersecting street RAVENWOOD AV (Route Number or Street Name)				
								or 2) <input type="checkbox"/> N <input type="checkbox"/> S of (Route Number or Street Name)				
								feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)				
Accident Description/Officer's notes												30
V1 OPERATED BY D2 SOUTHBOUND ON THURSTON RD APPROACHING INTERSECTION WITH RAVENWOOD AV. V2 OPERATED BY D2 ENTERS INTERSECTION FROM STOPPED POSITION CROSSING WESTBOUND. V1 STRIKES V2. NO INJURIES, VEHICLES CFBO.												-

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	
A	1	1	4	1	38	F	-	-	-		BRADLEY, LATRICE D		
B	2	1	4	1	67	F	-	-	-		MILHOUSE, WILMA J		
C	2	5	5	1	X	F	-	-	-		WILSON, LONDON		
D													
E													
F													
Officer's Rank and Signature OFFICER						Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full JUSTIN STEWART						1750		02701		----	--	Singletary, Laron	5/16/2011 19:12

USE COVER SHEET

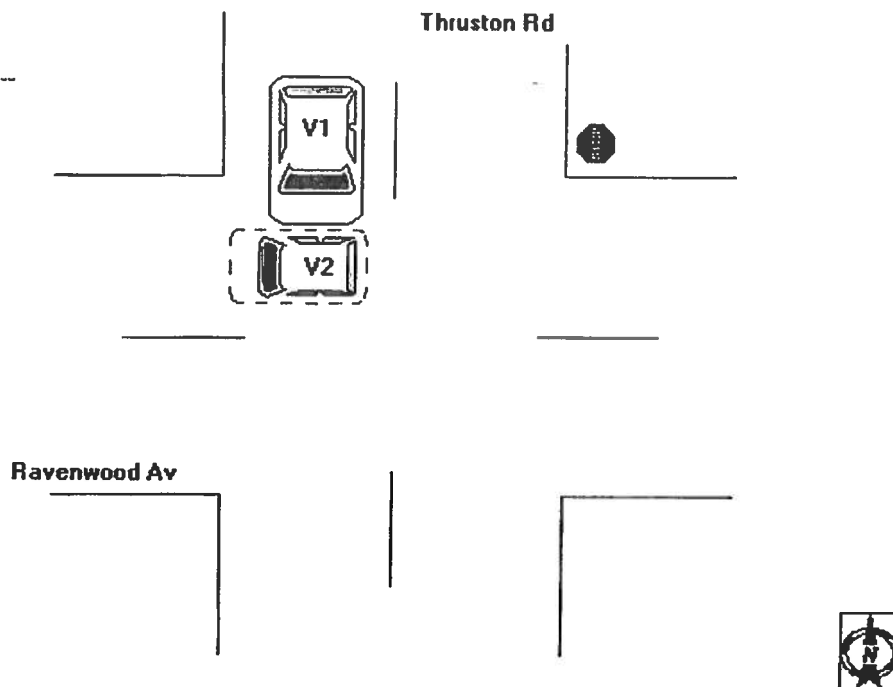
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-130575
FQ7162000024

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 5	Day 4	Year 2011	Wednesday	15:28	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

☐ AMENDED REPORT

1	2	Accident Date Month 4 Day 22 Year 2011		Day of Week Friday	Military Time 19:54	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19
VEHICLE 1												20
VEHICLE 1 - Driver License ID Number 787397289												21
Driver Name - exactly as printed on license AARON, TIFFANY P												14
Address (Include Number and Street) 32 SPRUCE AVE												22
City or Town ROCHESTER State NY Zip Code 14611												23
Date of Birth Month 8 Day 9 Year 1987 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>												24
Name - exactly as printed on registration AARON, DEBRA R Sex F Date of Birth Month 4 Day 20 Year 1964												25
Address (Include Number and Street) 32 SPRUCE AVE												26
City or Town ROCHESTER State NY Zip Code 14611												27
Plate Number DRR7891 State of Reg. NY Vehicle Year & Make 2003 JEEP Vehicle Type SUBN Ins. Code 100												28
Ticket/Arrest Number(s)												29
Violation Section(s)												30
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.												31
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 3 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes												32
Vehicle Bv: Towed: To:												33
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												34
Reference Marker												35
Coordinates (if available) Latitude/Northing:												36
Longitude/Easting:												37
Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER												38
Road on which accident occurred THURSTON RD (Route Number or Street Name)												39
at 1) intersecting street <input checked="" type="checkbox"/> N <input type="checkbox"/> S of ANTHONY ST (Route Number or Street Name)												40
or 2) 200 feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)												41
Accident Description/Officer's notes V1 OPERATED BY D1 NORTHBOUND ON THURSTON RD PASSES ANTHONY ST AND APPROACHES MILTON ST. BETWEEN ANTHONY ST AND MILTON ST AT ROUGHLY 372 THURSTON RD PEDESTRIAN ENTERS ROADWAY FROM THE EAST SIDE OF THE STREET BETWEEN A CADILLAC SUV AND A CORVETTE PARKED ON THE STREET. V1 STRIKES PEDESTRIAN WITH ITS FRONT PASSENGER CORNER/SIDE PASSENGER CORNER. D1 STATES SHE DID NOT SEE PEDESTRIAN AND ONLY HEARD THE SOUND OF SOMETHING HITTING HER VEHICLE. D1 MAKES EASTBOUND TURN ONTO MILTON ST AND PARKS VEHICLE. D1 GETS OUT AND SEES PEDESTRIAN IN THE												42
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only												43
A 1 1 4 1 23 F - - - AARON, TIFFANY P												44
B P - - - 7 M 01 03 2 9409 2706 BROWN, JANIER												45
C												46
D												47
E												48
F												49
Officer's Rank and Signature OFFICER												50
Print Name JUSTIN STEWART												51
Badge/ID No. 1750 NCIC No. 02701 Precinct/Post Troop/Zone ---- Station/Beat Sector -- Reviewing Officer Joseph, David A Date/Time Reviewed 4/23/2011 22:36												52

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

19

Local Codes

11-117686

FQ7162000023

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input type="checkbox"/> No	20
	Month 4	Day 22	Year 2011	Friday	19:54	1	1	0	Accident Reconstructed <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN												
2	VEHICLE 1 - Driver License ID Number					VEHICLE 2 - Driver License ID Number					21	
	Driver Name - exactly as printed on license					Driver Name - exactly as printed on license						
3	Address (Include Number and Street)					Address (Include Number and Street)					22	
	City or Town					City or Town						
4	Date of Birth					Date of Birth					23	
	Name - exactly as printed on registration					Name - exactly as printed on registration						
5	Address (Include Number and Street)					Address (Include Number and Street)					24	
	City or Town					City or Town						
6	Plate Number					Plate Number					25	
	State of Reg.					State of Reg.						
7	Vehicle Year & Make					Vehicle Year & Make					26	
	Vehicle Type					Vehicle Type						
8	Ins. Code					Ins. Code					27	
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)						
9	Violation Section(s)					Violation Section(s)					28	
	Check if involved vehicle is:					Check if involved vehicle is:						
10	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					29	
	Box 1 - Point of Impact					Box 1 - Point of Impact						
11	Box 2 - Most Damage					Box 2 - Most Damage					30	
	Enter up to three more damage codes					Enter up to three more damage codes						
12	Vehicle Bv.					Vehicle Bv.					31	
	Towed To:					Towed To:						
<p>VEHICLE DAMAGE CODING:</p> <p>1-13 SEE DIAGRAM ON RIGHT.</p> <p>14. UNDERCARRIAGE 17. DEMOLISHED</p> <p>15. TRAILER 18. NO DAMAGE</p> <p>16. OVERTURNED 19. OTHER</p>												
<p>Reference Marker</p> <p>Coordinates (if available)</p> <p>Latitude/Northing:</p> <p>Longitude/Easting:</p> <p>Place Where Accident Occurred:</p> <p>County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____</p> <p>Road on which accident occurred _____ (Route Number or Street Name)</p> <p>at 1) intersecting street _____ (Route Number or Street Name)</p> <p>or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)</p> <p>feet miles E W</p>												
<p>Accident Description/Officer's notes</p> <p>ROAD. 911 IS CALLED. PEDESTRIAN IS TAKEN TO STRONG HOSPITAL BY RURAL METRO 9409. PEDESTRIAN HAS BLEEDING ON BRAIN AND IS IN CRITICAL CONDITION PER DR RUBENSTEIN. DEPOSITIONS WERE TAKEN FROM D1 AND W1. A VIDEO OF INCIDENT WAS CAPTURED BY THE CAMERA AT ECLIPSE BAR AND GRILL WHICH APPEARS TO VALIDATE THE ABOVE CIRCUMSTANCES. SGT MARTIN CAME TO SCENE FOR ACCIDENT RECONSTRUCTION. PHOTOS WERE TAKEN AND TECHNICIANS RESPONDED FOR TECH WORK. D1 AND V1 VALID.</p>												
<p>8 9 10 11 12 13 14 15 16 17 BY TO 18</p> <p>Names of all Involved</p> <p>Date of Death Only</p>												
<p>Officer's Rank and Signature OFFICER</p> <p>Print Name JUSTIN STEWART</p> <p>Badge/ID No. 1750</p> <p>NCIC No. 02701</p> <p>Precinct/Post Troop/Zone ----</p> <p>Station/Beat Sector --</p> <p>Reviewing Officer Joseph, David A</p> <p>Date/Time Reviewed 4/23/2011 22:36</p>												

USE COVER SHEET

N

ALL INVOLVED

Local Codes
11-117686
FQ7162000023

☐ AMENDED REPORT

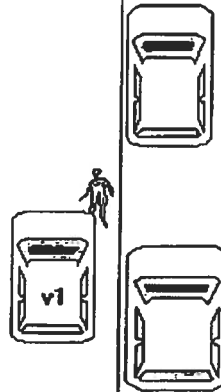
1		Accident Date Month 4 Day 22 Year 2011		Day of Week Friday		Military Time 19:54		No. of Vehicles 1		No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																												
VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																														
2		VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____										VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____																																																																																																		
3		Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____										Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____																																																																																																		
4		Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____										Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____																																																																																																		
5		Ticket/Arrest Number(s) _____ Violation Section(s) _____										Ticket/Arrest Number(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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ Vehicle Bv. _____ Towed: To: _____										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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ Vehicle Bv. _____ Towed: To: _____										Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. <div style="display: flex; justify-content: space-around;"> <div> Rear End 1. </div> <div> Left Turn 3. </div> <div> Right Angle 4. </div> <div> Right Turn 5. </div> <div> Head On 7. </div> </div> <div style="display: flex; justify-content: space-around;"> <div> Sideswipe (same direction) 2. </div> <div> Left Turn 6. </div> <div> Right Turn 8. </div> <div> Sideswipe (opposite direction) 9. </div> </div>																																																																																								
7		VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																		
8		Reference Marker _____ Coordinates (if available) _____ Latitude/Northing: _____ Longitude/Easting: _____										Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W																																																																																																		
Accident Description/Officer's notes WITNESS #1 - JOYCE SMITH 17 JANICE DR ROCHESTER NY 14624 (585) 889-4043 Ext.																																																																																																														
ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17 BY</th><th>TO 18</th><th>Names of all Involved</th><th>Date of Death Only</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																				8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only																																																																														
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only																																																																																																		
Officer's Rank and Signature OFFICER Print Name in Full JUSTIN STEWART										Badge/ID No. 1750		NCIC No. 02701		Precinct/Post Troop/Zone ----		Station/Beat Sector --		Reviewing Officer Joseph, David A		Date/Time Reviewed 4/23/2011 22:36																																																																																										

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

☐ **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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input checked="" type="checkbox"/>		
4	22	2011	Friday	19:54	2	1	0			

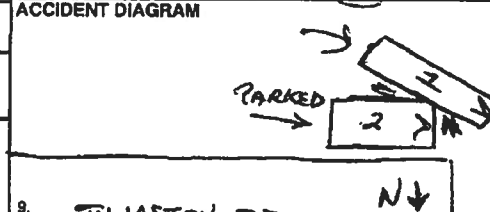


Local Codes
11-100635New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1 Accident Date Month <u>4</u> Day <u>7</u> Year <u>11</u>		Day of Week <u>THURS</u>		Military Time <u>1105</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/>	
2 VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																	
3 VEHICLE 1 - Driver License ID Number <u>681 454 711</u> State of Lic. <u>NY</u>																	
4 Driver Name - exactly as printed on license <u>BUNTON, ROBERT</u>																	
5 Address (Include Number & Street) <u>195 ABERDEEN ST.</u> Apt. No. <u>—</u>																	
6 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>																	
7 Date of Birth Month <u>2</u> Day <u>3</u> Year <u>39</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>																	
8 Name - exactly as printed on registration <u>BUNTON, BARBARA</u> Sex <u>F</u> Date of Birth Month <u>11</u> Day <u>26</u> Year <u>44</u>																	
9 Address (Include Number & Street) <u>SAME</u> Apt. No. <u>—</u> Haz. Mat. Code <input type="checkbox"/> Released <input type="checkbox"/>																	
10 City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>																	
11 Plate Number <u>45602JF</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2001 CHEVY</u> Vehicle Type <u>P/U</u> Ins. Code <u>011</u>																	
12 Ticket/Arrest Number(s) <u>—</u>																	
13 Violation Section(s) <u>—</u>																	
14 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.																	
15 VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>6</u> <u>6</u> Box 2 - Most Damage Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>																	
16 Vehicle By Towed: To <u>CFBO</u>																	
17 VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> <u>2</u> Box 2 - Most Damage Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>																	
18 Vehicle By Towed: To <u>CFBO</u>																	
19 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																	
20 ACCIDENT DIAGRAM 																	
21 Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																	
22 Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:																	
23 Place Where Accident Occurred: County <u>Monroe</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>573 THURSTON RD</u> (Route Number or Street Name) at 1) Intersecting street <u>MIDVALE TE.</u> (Route Number or Street Name) or 2) <u>100</u> Feet <u>100</u> Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>MIDVALE TE.</u> (Milepost, Nearest Intersecting Route Number or Street Name)																	
24 Accident Description/Officer's Notes <u>VEH. 1 WAS TURNING INTO THE DRIVEWAY WHEN IT STRUCK VEH. 2 WITH ITS REAR WHEEL PORTION, CAUSING DAMAGE TO THE FRONT OF VEH. 2, WHICH WAS PARKED AND UNOCCUPIED.</u>																	

ALL INVOLVED		8 9 10 11 12 13 14 15 16 17 BY TO 18																		Names of all involved		Date of Death Only	
A	1	1	2	1	72	M	—	—	—	—	—	—	—	—	—	—	—	ROBERT BUNTON					
B	1	3	2	1	19	M	—	—	—	—	—	—	—	—	—	—	—	DEANORE BUNTON					
C	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	PARKED					
D																							
E																							
F																							
Officer's Rank and Signature Print Name In Full		PO <u>Holmes</u> <u>J. E. HOLMES</u>		Badge/ID No. <u>75102201</u>		NCIC No. <u>W</u>		Precinct/Post Troop/Zone <u>52</u>		Station/Beat/ Sector <u>Bochy</u>		Reviewing Officer		Date/Time Reviewed <u>4/7/11 1420</u>									

POLICE ACCIDENT REPORT

MV-104A (3/04)

19
18

Local Codes
11-080056
FQ7162000017

☐ AMENDED REPORT

1	Accident Date Month 3 Day 18 Year 2011		Day of Week Friday	Military Time 19:14	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																												
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 156093486 Driver Name - exactly as printed on license BANKS, SHEM A Address (Include Number and Street) 74 COLGATE ST City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 8 Day 28 Year 1979 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration BANKS, SHEM A Sex M Date of Birth Month 8 Day 28 Year 1979 Address (Include Number and Street) 74 COLGATE ST Apt. No. City or Town ROCHESTER State NY Zip Code 14619 Plate Number CKP5417 State of Reg. NY Vehicle Year & Make 2010 KIA Vehicle Type SUBN Ins. Code 100 Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 443106884 Driver Name - exactly as printed on license JONES, CONSTANCE S Address (Include Number and Street) 413 POST AVE City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 4 Day 15 Year 1987 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 05 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration JONES, CONSTANCE S Sex F Date of Birth Month 4 Day 15 Year 1987 Address (Include Number and Street) 413 POST AVE Apt. No. City or Town ROCHESTER State NY Zip Code 14619 Plate Number FGH5737 State of Reg. NY Vehicle Year & Make 1998 MERC Vehicle Type 4DSD Ins. Code 639 Ticket/Arrest Number(s) Violation Section(s) </div> </div>											21																																																																																												
2	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 1 Box 2 - Most Damage 2 3 4 5 Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 10 6 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. </div> </div>											22																																																																																											
3	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. VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											23																																																																																											
4	See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No											24																																																																																											
5	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON RD (Route Number or Street Name) at 1) intersecting street DUNBAR ST (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name) Accident Description/Officer's notes V1 OPERATED BY D1 STOPPED AT STOP SIGN FACING W/B ON DUNBAR ST AN INTERSECTION WITH THURSTON RD. V2 OPERATED BY D2 N/B ON THURSTON RD APPROACHING DUNBAR ST. V1 TURNS N/B AND STRIKES V2. VEHICLES CFBO.											25																																																																																											
6	<table border="1"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all Involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>31</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>BANKS, SHEM A</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>23</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>JONES, CONSTANCE S</td> <td></td> </tr> <tr> <td>C</td> <td>2</td> <td>4</td> <td>4</td> <td>1</td> <td>9</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>JOHNSON, MAILK</td> <td></td> </tr> <tr> <td>D</td> <td>2</td> <td>6</td> <td>4</td> <td>1</td> <td>12</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>WILLIAMS, SHAHEID</td> <td></td> </tr> <tr> <td>E</td> <td>2</td> <td>5</td> <td>4</td> <td>1</td> <td>8</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>JOHNSON, JOSHUA</td> <td></td> </tr> <tr> <td>F</td> <td>2</td> <td>3</td> <td>4</td> <td>1</td> <td>39</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>JOHNSON, PASCHA</td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only	A	1	1	4	1	31	M	-	-	-		BANKS, SHEM A		B	2	1	4	1	23	F	-	-	-		JONES, CONSTANCE S		C	2	4	4	1	9	M	-	-	-		JOHNSON, MAILK		D	2	6	4	1	12	M	-	-	-		WILLIAMS, SHAHEID		E	2	5	4	1	8	M	-	-	-		JOHNSON, JOSHUA		F	2	3	4	1	39	F	-	-	-		JOHNSON, PASCHA		26
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only																																																																																											
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D	2	6	4	1	12	M	-	-	-		WILLIAMS, SHAHEID																																																																																												
E	2	5	4	1	8	M	-	-	-		JOHNSON, JOSHUA																																																																																												
F	2	3	4	1	39	F	-	-	-		JOHNSON, PASCHA																																																																																												
7	OFFICER'S SIGNATURE: JUSTIN STEWART Badge/ID No. 1750 NCIC No. 02701 Precinct/Post Troop/Zone ---- Station/Beat Sector -- Reviewing Officer: Waldo, Richard E JR Date/Time Reviewed: 3/23/2011 20:04											27																																																																																											
8	USE COVER SHEET N											28																																																																																											

ALL INVOLVED

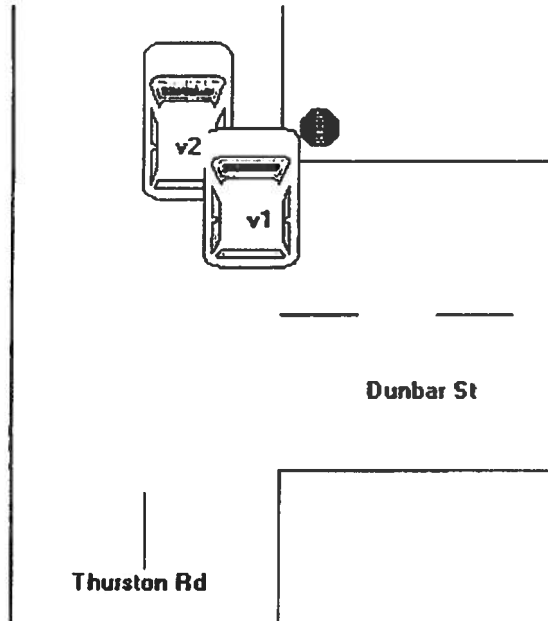
	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	4	1	31	M	-	-	-			BANKS, SHEM A	
B	2	1	4	1	23	F	-	-	-			JONES, CONSTANCE S	
C	2	4	4	1	9	M	-	-	-			JOHNSON, MAILK	
D	2	6	4	1	12	M	-	-	-			WILLIAMS, SHAHEID	
E	2	5	4	1	8	M	-	-	-			JOHNSON, JOSHUA	
F	2	3	4	1	39	F	-	-	-			JOHNSON, PASCHA	
OFFICER'S SIGNATURE	OFFICER JUSTIN STEWART												
Print Name	JUSTIN STEWART					Badge/ID No.	1750	NCIC No.	02701	Precinct/Post Troop/Zone	----	Station/Beat Sector	--
In Full												Reviewing Officer	Waldo, Richard E JR
												Date/Time Reviewed	3/23/2011 20:04

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 11-080056
FQ7162000017

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 3	Day 18	Year 2011	Friday	19:14	2	0	0	Accident Reconstructed <input type="checkbox"/>		



Local Codes

77-060315

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT

DMV COPY

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 type="checkbox"/>		20												
		Month Day Year		TUES		1147		4		0		0		Accident Reconstructed <input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
2		VEHICLE 1										VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										21										
		VEHICLE 1 - Driver License ID Number 247 699 972 State of Lic. NY										VEHICLE 2 - Driver License ID Number PARKED State of Lic.																				
		Driver Name - exactly as printed on license SMITH, JAMES, JR.										Driver Name - exactly as printed on license																				
		Address (Include Number & Street) 46 SPRUCE AVE										Address (Include Number & Street)																				
		City or Town ROCHESTER, NY Zip Code 14601										City or Town State Zip Code										22										
3		Date of Birth		Sex		Unlicensed		No. of Occupants		Public Property Damaged		Date of Birth		Sex		Unlicensed		No. of Occupants		Public Property Damaged		23										
		Month Day Year		M		<input type="checkbox"/>		2		<input type="checkbox"/>		Month Day Year		M		<input type="checkbox"/>				<input type="checkbox"/>												
		Name - exactly as printed on registration SMITH, BEVERLY, W F 10 23 66										Name - exactly as printed on registration RAHMAN, ISLAM, M 10 13 76																				
		Address (Include Number & Street) JAME										Address (Include Number & Street) 133 SQUAREVIEW LANE																				
		City or Town State Zip Code										City or Town State Zip Code ROCHESTER, NY 14626										24										
5		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		25										
		JAMIE794		NY		97 CHEV SUB		SWAN		328		EUR2200		NY		99 BUICK		405D		100												
		Ticket/Arrest Number(s)										Ticket/Arrest Number(s)										26										
		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.										27
		<input type="checkbox"/> more than 95 inches wide;										<input type="checkbox"/> more than 95 inches wide;										Rear End										
		<input type="checkbox"/> more than 34 feet long;										<input type="checkbox"/> more than 34 feet long;										Left Turn										
		<input type="checkbox"/> operated with an overweight permit;										<input type="checkbox"/> operated with an overweight permit;										Right Angle										
		<input type="checkbox"/> operated with an overdimension permit.										<input type="checkbox"/> operated with an overdimension permit.										Right Turn										
		VEHICLE 1 DAMAGE CODES										VEHICLE 2 DAMAGE CODES										Head On										28
		Box 1 - Point of Impact 2 2										Box 1 - Point of Impact 8 8										Sideswipe (same direction)										
		Box 2 - Most Damage										Box 2 - Most Damage										Left Turn										
		Enter up to three more Damage Codes 3 4 5										Enter up to three more Damage Codes 2 4 5										Right Turn										
		Vehicle Towed: By CFBO										Vehicle Towed: By CFBO										Sideswipe (opposite direction)										29
		VEHICLE DAMAGE CODING:										VEHICLE DAMAGE CODING:										ACCIDENT DIAGRAM										
		1-13. SEE DIAGRAM ON RIGHT.										1-13. SEE DIAGRAM ON RIGHT.										9.										
		14. UNDERCARRIAGE 17. DEMOLISHED										14. UNDERCARRIAGE 17. DEMOLISHED										Cost of repairs to any one vehicle will be more than \$1000.										30
		15. TRAILER 18. NO DAMAGE										15. TRAILER 18. NO DAMAGE										<input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
		16. OVERTURNED 19. OTHER										16. OVERTURNED 19. OTHER																				
7		Reference Marker		Coordinates (if available)		Place Where Accident Occurred:																		31								
				Latitude/Northing:		County MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER																										
				Longitude/Easting:		Road on which accident occurred																		32								
						at 1) intersecting street (Route Number or Street Name)																										
						or 2) (Route Number or Street Name)																										
						Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)																										
						Accident Description/Officer's Notes																		33								
						VEH. 1 WAS PARKED BEHIND VEH. 2 WHEN THE DRIVER'S FOOT SLIPPED OFF THE BRAKES ONTO THE GAS, CAUSING VEH. 2 TO STRIKE VEH. 3, WHICH STRUCK VEH. 4. ALL VEHICLES WERE UNOCCUPIED AND SUSTAINED DAMAGE. NO INJURIES.																										

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	71	M	—	—	—	—	—	—	—	JAMES SMITH JR	
B	1	3	4	1	49	M	—	—	—	—	—	—	—	ROBERT WYATT	
C	2	—	—	—	—	—	—	—	—	—	—	—	—	PARKED	
D	3	—	—	—	—	—	—	—	—	—	—	—	—	PARKED	
E	4	—	—	—	—	—	—	—	—	—	—	—	—	PARKED	
F															

Officer's Rank and Signature

P.O. Officer J.E. Holmes

Badge/ID No.

757

NCIC No.

02701

Precinct/Post Troop/Zone

148

Station/Beat Sector

52

Reviewing Officer

Sgt Mahoney

Date/Time Reviewed

3-1-11

DMV COPY

Loop Codes
11-060315

AMENDED REPORT

DMV COPY

1 Accident Date Month <u>3</u> Day <u>1</u> Year <u>2011</u>		Day of Week <u>TUES</u>		Military Time <u>1147</u>		No. of Vehicles <u>4</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/>							
2 VEHICLE 1 - Driver License ID Number <u>PARKED</u>												State of Lic. <u>NY</u>											
Driver Name - exactly as printed on license												Driver Name - exactly as printed on license <u>PARKED</u>											
Address (Include Number & Street)												Address (Include Number & Street)											
City or Town												City or Town											
State												State											
Zip Code												Zip Code											
3 Date of Birth Month <u>12</u> Day <u>16</u> Year <u>1985</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>8</u> Day <u>17</u> Year <u>1983</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>KIMBLE, JAMES</u>												Name - exactly as printed on registration <u>PARKS, CORY, N.</u>											
Address (Include Number & Street) <u>438 AUGUSTINE ST.</u>												Address (Include Number & Street) <u>49 WENDY LN</u>											
City or Town <u>ROCHESTER, NY</u>												City or Town <u>ROCHESTER, NY</u>											
State <u>NY</u>												State <u>NY</u>											
Zip Code <u>14613</u>												Zip Code <u>14626</u>											
Plate Number <u>AKK 2223</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2001 CHEV</u>		Vehicle Type <u>SUV</u>		Ins. Code <u>626</u>		Plate Number <u>EWS 9035</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>08 CADIL</u>		Vehicle Type <u>SUV</u>		Ins. Code <u>626</u>					
Ticket/Arrest Number(s)												Ticket/Arrest Number(s)											
Violation Section(s)												Violation Section(s)											
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.											
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>												VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>2</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>											
Vehicle By Towed: <u>To</u>												Vehicle By Towed: <u>To</u>											
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED												17. DEMOLISHED 18. NO DAMAGE 19. OTHER											
Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:												Place Where Accident Occurred: County <u>MONROE</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>380 THURSTON RD.</u> at 1) intersecting street or 2) <u>200</u> of <u>MILTON ST.</u> (Milepost, Nearest intersecting Route Number or Street Name)											
Accident Description/Officer's Notes												ACCIDENT DIAGRAM 9. <u>DIAGRAM</u> Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No											

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 Print Name in Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
PO. <i>[Signature]</i> J. E. HOLMES	751	02701	W	52	<i>[Signature]</i>	3-1-11

POLICE ACCIDENT REPORT

MV-104A (3/04)

19
2ALL INVOLVED

USE
COVER
SHEET

N

POLICE ACCIDENT REPORT

MV-104A (3/04)

19

Local Codes
11-042983
FQ7215000016

☐ AMENDED REPORT

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 type="checkbox"/>
Month	Day	Year	Saturday	01:22	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2 VEHICLE					<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code					VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code				
Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>					Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>				
Name - exactly as printed on registration Address (Include Number and Street) City or Town State Zip Code					Name - exactly as printed on registration Address (Include Number and Street) City or Town State Zip Code				
Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code				
Ticket/Arrest Number(s)					Ticket/Arrest Number(s)				
Violation Section(s)					Violation Section(s)				
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.				
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To:					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To:				
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sidewipe (same direction) Left Turn Right Turn Sidewipe (opposite direction) ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reference Marker		Coordinates (if available)		Place Where Accident Occurred:					
		Latitude/Northing:		County <u>MONROE</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) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)					
				feet miles E W					
Accident Description/Officer's notes RO OF VEH 2 WAS SITTING IN THE DRIVERS SEAT OF THE VEHICLE AT THE TIME OF THE ACCIDENT BUT WAS UNINJURED. DRIVER OF VEH 1 WAS ARRESTED FOR DWI AND WRITTEN A TICKET FOR LEAVING THE SCENE WITNESS #1 - TERALYN D JACKSON 154 NORTH UNION ST ROCHESTER NY 14605 (585) 490-5910 Ext.									

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		Officer <u>NO Timothy Luety</u>		Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer	
Print Name in Full		Timothy Luety		2041		02701		---		--		Rodriguez, Juan M	
												Date/Time Reviewed	
												2/16/2011 23:21	

USE COVER SHEET

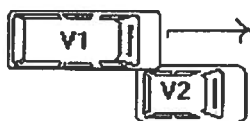
N

Local Codes
11-042983
FQ7215000016

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	12	2011	Saturday	01:22	2	0	0			

THURSTON RD



520 THURSTON RD



Local Codes
11-040457New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)☐ AMENDED REPORT

DMV COPY

1	Accident Date Month: 02, Day: 09, Year: 2011		Day of Week WED	Military Time 1845	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20	
2	VEHICLE 1 License ID Number: UNKNOWN-LSA Driver Name: exactly as printed on license: [blank] Address (Include Number & Street): [blank] City or Town: [blank] State: [blank] Zip Code: [blank]				VEHICLE 2 License ID Number: 368 827 519 Driver Name: exactly as printed on license: HOLMES, LAWRENCE, B Address (Include Number & Street): PO BOX 8056 City or Town: IN WEBSTER State: NY Zip Code: 14580							21
3	Date of Birth: [blank] Sex: [blank] Unlicensed: [blank] No. of Occupants: [blank] Public Property Damaged: [blank]				Date of Birth: 04/09/36 M Sex: [blank] Unlicensed: [blank] No. of Occupants: 1 Public Property Damaged: [blank]							22
4	Name: exactly as printed on registration: MERRITT, SHARON, O Address (Include Number & Street): 61 PINEWOOD KNOLL City or Town: ROCHESTER State: NY Zip Code: 14604				Name: exactly as printed on registration: DRIVER #2 Address (Include Number & Street): [blank] City or Town: [blank] State: [blank] Zip Code: [blank]							23
5	Plate Number: PL 8281 State of Reg: NY Vehicle Year & Make: 2001 INK Vehicle Type: HDSD Ins. Code: 626				Plate Number: LBH 434 State of Reg: NY Vehicle Year & Make: 2001 CHEV Vehicle Type: PU Ins. Code: 328							24
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.							25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 5 Box 2 - Most Damage: 5 Enter up to three more Damage Codes: 3, 4, 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 12 Box 2 - Most Damage: 12 Enter up to three more Damage Codes: 3, 4, 5							26
8	Vehicle Towed: By [blank] To [blank]				Vehicle Towed: By [blank] To [blank]							27
9	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED				17. DEMOLISHED 18. NO DAMAGE 19. OTHER							28
10	Reference Marker				Place Where Accident Occurred: County: MONROE City: [blank] Road on which accident occurred: THURSTON RD at 1) Intersecting street: BROOKS AV or 2) [blank]							29
11	Coordinates (if available) Latitude/Northing: [blank] Longitude/Easting: [blank]				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No							30
12	Accident Description/Officer's Notes				VEH 2 WAS PARKED STOPPED AT THE RED LIGHT FAINTS S/B ON THURSTON RD AT BROOKS AV. VEH 1 WAS S/B ON THURSTON RD AND PASSED VEH 2 ON THE LEFT, RUNNING THE RED LIGHT. WHILE PASSING VEH 2, VEH 1 STRUCK THE LEFT SIDE OF VEH 2 WITH THE RIGHT SIDE OF VEH 1. NO INJURIES REPORTED. VEH 1 LEFT THE SCENE. PHOTOS TAKEN.							31
13	ALL INVOLVED				Names of all involved: DRIVER #2 Date of Death Only: [blank]							32
14	Officer's Rank and Signature: PO. C. MARSHALL Print Name: C. MARSHALL				Badge/ID No.: 1840 NCIC No.: 0270 Precinct/Post: WEST Station/Beat: 53 Reviewing Officer: [blank] Date/Time Reviewed: 03/12/11 1835							33

Local Codes

11-009187

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

19
4

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20		
1		Month	Day	Year	SUNDAY		1818		3		0		0		Accident Reconstructed <input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20	
2		VEHICLE 1										VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN										21
2		VEHICLE 1 - Driver License ID Number 671 882 223 State of Lic. NY										VEHICLE 2 - Driver License ID Number PARKED State of Lic. NY										21
2		Driver Name - exactly as printed on license RUFFNER, DANIEL, R.										Driver Name - exactly as printed on license										21
2		Address (Include Number & Street) 6928 TELEPHONE ROAD Apt. No.										Address (Include Number & Street) Apt. No.										22
2		City or Town PAVILION State NY Zip Code 14525										City or Town State Zip Code										22
3		Date of Birth Month 11 Day 85 Year M Sex Unlicensed No. of Occupants 1 Public Property Damaged										Date of Birth Month Day Year Sex Unlicensed No. of Occupants 1 Public Property Damaged										23
3		Name - exactly as printed on registration RUFFNER, NANCY, E. F 6 25 53										Name - exactly as printed on registration PALMER, NORMA, J. F 3 23 63										23
3		Address (Include Number & Street) SAME AS DRIVER Apt. No. Haz. Mat. Code Released										Address (Include Number & Street) 101 BURLINGTON AV. Apt. No. Haz. Mat. Code Released										23
4		City or Town State Zip Code										City or Town ROCHESTER State NY Zip Code 14619										24
5		Plate Number FEL-4098 State of Reg. NY Vehicle Year & Make 2010-KIA Vehicle Type 425D Ins. Code 639										Plate Number EPP-8954 State of Reg. NY Vehicle Year & Make 2000-PONT Vehicle Type 425D Ins. Code 011										24
5		Ticket/Arrest Number(s)										Ticket/Arrest Number(s)										25
5		Violation Section(s)										Violation Section(s)										25
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.										25
6		VEHICLE 1 DAMAGE CODES										VEHICLE 2 DAMAGE CODES										26
7		Box 1 - Point of Impact 3 3										Box 1 - Point of Impact 9 9										26
7		Box 2 - Most Damage 4 5 6										Box 2 - Most Damage 10 11 12										26
7		Enter up to three more Damage Codes 4 5 6										Enter up to three more Damage Codes 10 11 12										26
7		Vehicle By 453 Towed To 4 NIAGRA ST.										Vehicle By 453 Towed To 4 NIAGRA ST.										27
7		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										ACIDENT DIAGRAM 348 THURSTON RD. MILTON ST. 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										27
8		Reference Marker										Coordinates (if available) Latitude/Northing: Longitude/Easting:										28
8		Place Where Accident Occurred: County MONROE City Village Town of ROCHESTER Road on which accident occurred 348 THURSTON ROAD (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) Feet Miles of (Milepost, Nearest Intersecting Route Number or Street Name)										Accident Description/Officer's Notes (V1) TRAVELING NB ON THURSTON RD. DRIVER OF (V1) STATES HE IS A PIZZA HUT DELIVERY DRIVER AND HE WAS LOOKING DOWN AT A DELIVERY RECIPIT, WHICH CAUSED (V1) TO STRIKE (V2). (V1) SCRAPED ALONG THE ENTIRE DRIVERS SIDE OF (V2), THEN STRIKING (V3). BOTH (V2) AND (V3) WERE PARKED ON THE E/B CURB. NO INJURIES.										29
9		Names of all involved										Date of Death Only										30
9		DANIEL RUFFNER										KENT MATHIS										30
9		THOMAS DEANE III										1-13-10										30

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET

DMV COPY

☐ **AMENDED REPORT**

1		Accident Date Month 1 Day 9 Year 2011		Day of Week SUNDAY		Military Time 1818		No. of Vehicles 3		No. Injured 0		No. Killed -		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/>		20															
														Accident Reconstructed <input type="checkbox"/>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		-															
2		VEHICLE 1 - Driver License ID Number PARKED										State of Lic.		VEHICLE 2 - 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 & Street)										Apt. No.		Address (Include Number & Street)										Apt. No.											
		City or Town										State		Zip Code		City or Town										State		Zip Code		22					
3		Date of Birth Month Day Year		Sex		Unlicensed <input type="checkbox"/>		No. of Occupants 0		Public Property Damaged <input type="checkbox"/>		Date of Birth Month Day Year		Sex		Unlicensed <input type="checkbox"/>		No. of Occupants		Public Property Damaged <input type="checkbox"/>		23													
		Name - exactly as printed on registration ALOMARI, AHMED, A.										Sex M		Date of Birth Month 7 Day 8 Year 51		Name - exactly as printed on registration										Sex		Date of Birth Month Day Year		-					
4		Address (Include Number & Street) 58 STEARNS ST.										Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		Address (Include Number & Street)										Apt. No.		Haz. Mat. Code		Released <input type="checkbox"/>		24	
		City or Town LACKAWANNA										State NY		Zip Code 14218		City or Town										State		Zip Code		-					
5		Plate Number DBX-6233		State of Reg. NY		Vehicle Year & Make 1995-HONDA		Vehicle Type 4DOOR		Ins. Code 328		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		25													
		Ticket/Arrest Number(s)												Ticket/Arrest Number(s)														26							
		Violation Section(s)												Violation Section(s)														27							
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.										28			
		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes										ACCIDENT DIAGRAM Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)										29			
7		Vehicle By Towed: CFBO										Vehicle By Towed:										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										30			
		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										Place Where Accident Occurred: County MONROE City Village Town of ROCHESTER Road on which accident occurred 348 THURSTON ROAD at 1) intersecting street or 2) Feet Miles of (Milepost, Nearest Intersecting Route Number or Street Name)																				31			
8		Reference Marker										Coordinates (if available) Latitude/Northing: Longitude/Easting:										Accident Description/Officer's Notes										32			
9																																			
10																																			
11																																			
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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

 19
66

Local Codes
12-389942
FQA122000043

☐ AMENDED REPORT

1	Accident Date Month 12 Day 22 Year 2012	Day of Week Saturday	Military Time 16:46	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" 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												
2	VEHICLE 1 - Driver License ID Number 520949006				State of Lic. NY		VEHICLE 2 - Driver License ID Number 940201716				State of Lic. NY	21					
	Driver Name - exactly as printed on license GRIFFIN, UNIQUE L				Driver Name - exactly as printed on license PETERSON, ERIC												
	Address (Include Number and Street) 9 RAVENWOOD AVE				Apt. No.		Address (Include Number and Street) 9 PARR CIR				Apt. No.						
	City or Town ROCHESTER		State NY		Zip Code 14619		City or Town ROCHESTER		State NY		Zip Code 14617	22					
3	Date of Birth Month 11 Day 27 Year 1990		Sex F	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 8 Day 10 Year 1960		Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>					
	Name - exactly as printed on registration BROWN, CEDRIC				Sex M	Date of Birth Month 2 Day 17 Year 1975		Name - exactly as printed on registration PETERSON, ERIC				Sex M	Date of Birth Month 8 Day 10 Year 1960		23		
	Address (Include Number and Street) 11 SILVER ST				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street) 9 PARR CIR				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	23		
4	City or Town ROCHESTER		State NY		Zip Code 14611		City or Town ROCHESTER		State NY		Zip Code 14617		24				
	Plate Number FRB9040		State of Reg. NY		Vehicle Year & Make 2001 VOLK		Vehicle Type 4DSD		Ins. Code 327		Plate Number GCK5563		State of Reg. NY	Vehicle Year & Make 2008 GM	Vehicle Type PICK	Ins. Code 100	1
5	Ticket/Arrest Number(s) AAN6734280																
	Violation Section(s) 5091																
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.												25				
4	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.												7				
7	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes												26				
	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes												3				
	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.												27				
	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No												28				
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												1				
	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:												29				
	Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 521 THURSTON ROAD (Route Number or Street Name) at 1) intersecting street or 2) 50 <input type="checkbox"/> N <input checked="" type="checkbox"/> S of HILLENDALE ST feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)																
	Accident Description/Officer's notes DRIVER OF V2 STATED HE WAS STOPPED SO HE COULD TURN LEFT (WEST) ONTO HILLENDALE ST, WHEN THE DRIVER OF V1 REAR ENDED HIM. DRIVER OF V1 STATED THE DRIVER OF V2 STOPPED SO FAST AND THE ROAD WERE TOO ICY TO STOP FAST ENOUGH AND SHE REAR ENDED V2. V2 HAD VERY LITTLE DAMAGE TO THE TAIL GATE. V2 WAS NOT TOWED. V1 HAD EXTENSIVE DAMAGE TO THE FRONT OF THE VEHICLE. V1 WAS TOWED, BY 454. DRIVER OF V1 STATED HER LEFT HAND HURT. AN AMBULANCE WAS CALLED AND THE DRIVER OF V1 REFUSED MEDICAL ATTENTION. DRIVER OF V2 WAS NOT INJURED. DRIVER OF V1 WAS												30				
	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only																
	A 1 1 4 1 22 F 08 12 6 GRIFFIN, UNIQUE L																
	B 2 1 4 1 52 M - - - PETERSON, ERIC																
	C																
	D																
	E																
	F																
	Officer's Rank and Signature PO K. Maet				Badge/ID No. 2091		NCIC No. 02701		Precinct/Post Troop/Zone WW		Station/Beat Sector 52		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 12/27/2012 19:23		

ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-389942
FQA122000043

☐ AMENDED REPORT

1	Accident Date Month 12 Day 22 Year 2012		Day of Week Saturday	Military Time 16:46	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19		
2	VEHICLE 1 - Driver License ID Number					VEHICLE 2 - Driver License ID Number						20	
3	Driver Name - exactly as printed on license					Driver Name - exactly as printed on license						21	
4	Address (Include Number and Street)					Address (Include Number and Street)						22	
5	City or Town					City or Town						23	
6	State					State						24	
7	Zip Code					Zip Code						25	
8	Date of Birth					Date of Birth						26	
9	Sex					Sex						27	
10	Unlicensed					Unlicensed						28	
11	No. of Occupants					No. of Occupants						29	
12	Public Property Damaged					Public Property Damaged						30	
13	Name - exactly as printed on registration					Name - exactly as printed on registration						31	
14	Sex					Sex						32	
15	Date of Birth					Date of Birth						33	
16	Address (Include Number and Street)					Address (Include Number and Street)						34	
17	City or Town					City or Town						35	
18	State					State						36	
19	Zip Code					Zip Code						37	
20	Plate Number					Plate Number						38	
21	State of Reg.					State of Reg.						39	
22	Vehicle Year & Make					Vehicle Year & Make						40	
23	Vehicle Type					Vehicle Type						41	
24	Ins. Code					Ins. Code						42	
25	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)						43	
26	Violation Section(s)					Violation Section(s)						44	
27	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.		45
28	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage					ACCIDENT DIAGRAM		46
29	Enter up to three more damage codes					Enter up to three more damage codes					Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		47
30	Vehicle Bv. Towed: To:					Vehicle Bv. Towed: To:					USE COVER SHEET		48
31	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.					14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED					17. DEMOLISHED 18. NO DAMAGE 19. OTHER		49
32	Reference Marker					Coordinates (if available)					Place Where Accident Occurred:		50
33	Latitude/Northing:					County MONROE					<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of		51
34	Longitude/Easting:					Road on which accident occurred					(Route Number or Street Name)		52
35	at 1) intersecting street					(Route Number or Street Name)					at 2)		53
36	or 2)					N S E W of					(Milepost, Nearest intersecting Route Number or Street Name)		54
37	Accident Description/Officer's notes					GIVEN A TICKET FOR DRIVING ON A CLASS D PERMIT ONLY.					N		55

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 Print Name Kaitlyn Turner		Badge/ID No. 2091		NCIC No. 02701		Precinct/Post Troop/Zone WW		Station/Beat Sector 52		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 12/27/2012 19:23	

Local Codes
12-389942
FQA122000043

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
12	22	2012	Saturday	16:46	2	1	0			

thurston road



hillendale st



POLICE ACCIDENT REPORT

MV-104A (3/04)

19
4

Local Codes
12-387049
FQA501000007

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
-	Month 12 Day 19 Year 2012	Wednesday	14:31	3	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-

2	VEHICLE 1	<input checked="" type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN	21
---	-----------	---	------------------------------------	-------------------------------------	---	----

2	VEHICLE 1 - Driver License ID Number 551771993	State of Lic. NY	VEHICLE 2 - Driver License ID Number	State of Lic.	21
-	Driver Name - exactly as printed on license GOOLSBY, EDWARD E		Driver Name - exactly as printed on license PARKED,		-

3	Address (Include Number and Street) 42 FIRESTONE DR	Apt. No.	Address (Include Number and Street)	Apt. No.	22
1	City or Town ROCHESTER	State NY	City or Town	State	-
	Zip Code 14624		Zip Code		

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	23
1	Month 2 Day 8 Year 1965	M	<input type="checkbox"/>	01	<input type="checkbox"/>	Month 2 Day 8 Year 1965	F	<input type="checkbox"/>	00	<input type="checkbox"/>	5

4	Name - exactly as printed on registration GOOLSBY, EDWARD E	Sex M	Date of Birth Month 2 Day 8 Year 1965	Name - exactly as printed on registration KING, REBECCA L	Sex F	Date of Birth Month 1 Day 27 Year 1981	23
1	Address (Include Number and Street) 42 FIRESTONE DR	Apt. No.	Haz. Mat. Code - Released <input type="checkbox"/>	Address (Include Number and Street) 56 HARVEY LANE	Apt. No.	Haz. Mat. Code - Released <input type="checkbox"/>	5

4	City or Town ROCHESTER	State NY	Zip Code 14624	City or Town SPENCERPORT	State NY	Zip Code 14559	24
1	Plate Number FDS2289	State of Reg. NY	Vehicle Year & Make 1997 FORD	Plate Number CKJ9905	State of Reg. NY	Vehicle Year & Make 2007 HOND	5
	Vehicle Type 4DSD	Ins. Code 672		Vehicle Type SUBN	Ins. Code 678		

5	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
1	Violation Section(s)	Violation Section(s)	1

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
1	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;	1. Rear End 2. Left Turn 3. Right Angle 4. Right Turn 5. Head On	10
	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;	6. Left Turn 7. Right Turn 8. Sideswipe (opposite direction)	
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;		
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.		

7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM	27
1	Box 1 - Point of Impact 5 2	Box 1 - Point of Impact 11 2	See the last page of the MV-104A for the accident diagram.	1
	Box 2 - Most Damage 3 4 5	Box 2 - Most Damage 3 4 5		
	Enter up to three more damage codes 1 3 5	Enter up to three more damage codes 3 4 5		

7	Vehicle Bv: 454	Vehicle Bv:	Cost of repairs to any one vehicle will be more than \$1000.	28
1	Towed: To: 454	Towed: To:	<input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1

7	VEHICLE DAMAGE CODING:	1-13 SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE 17. DEMOLISHED	29
1	15. TRAILER 18. NO DAMAGE	16. OVERTURNED 19. OTHER		1

7	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
1		Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER	1
		Longitude/Easting:	Road on which accident occurred 677 THURSTON RD	
			(Route Number or Street Name)	

7	at 1) intersecting street	<input checked="" type="checkbox"/> N <input type="checkbox"/> S	of ERNESTINE ST	30
1	or 2) 25 feet miles	<input type="checkbox"/> E <input type="checkbox"/> W	(Milepost, Nearest Intersecting Route Number or Street Name)	-

7	Accident Description/Officer's notes	USE COVER SHEET	30
1	V1 WAS TRAVELLING SOUTHBOUND ON THURSTON RD AND SIDESWIPE A PARKED CAR BEING V2 WHICH WAS UNOCCUPIED LEGALLY PARKED IN A SOUTHBOUND DIRECTION. V1 CONTINUED SOUTHBOUND AND REARENDED V3. V3 WAS TRAVELLING SOUTHBOUND ON THURSTON RD AND ATTEMPTING TO PARK IN FRONT OF 677 THURSTON ROAD. THE COLLISION CAUSED V3 TO TRAVELL FOWARD AND STRIKE A LIGHT POLE HEAD ON. THE DRIVER OF V3 WAS TRANSPORTED TO STRONG WITH COMPLAINTS OF HEAD AND BACK PAIN.	N	-

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	A	1	47	M	-	-	-		GOOLSBY, EDWARD E	
B	3	1	A	1	41	M	01	12	6	9339 2706	REED, DERICK S	
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
OFFICER <i>B. Marone</i>	1788	02701	----	---	Joseph, David A	12/25/2012 08:27

Print Name	In Full
BRIAN MARONE	

ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19

Local Codes
 12-387049
 FQA501000007

☐ AMENDED REPORT

1	Accident Date Month <u>12</u> Day <u>19</u> Year <u>2012</u>	Day of Week <u>Wednesday</u>	Military Time <u>14:31</u>	No. of Vehicles <u>3</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	VEHICLE 3					<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
2	VEHICLE 1 - Driver License ID Number <u>856061297</u>					VEHICLE 2 - Driver License ID Number _____					21
	Driver Name - exactly as printed on license <u>REED, DERICK S</u>					Driver Name - exactly as printed on license _____					
	Address (Include Number and Street) <u>10 WELDON ST</u>					Address (Include Number and Street) _____					
	City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>					City or Town _____ State _____ Zip Code _____					22
3	Date of Birth Month <u>1</u> Day <u>8</u> Year <u>1971</u> Sex <u>M</u> Unlicensed <input checked="" type="checkbox"/> No. of Occupants <u>01</u> Public Property Damaged <input type="checkbox"/>					Date of Birth Month _____ Day _____ Year _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/>					
	Name - exactly as printed on registration <u>CURRY, DENISE R</u> Sex <u>F</u> Date of Birth Month <u>4</u> Day <u>22</u> Year <u>1952</u>					Name - exactly as printed on registration _____ Sex _____ Date of Birth Month _____ Day _____ Year _____					23
	Address (Include Number and Street) <u>10 WELDON ST</u>					Address (Include Number and Street) _____					24
	City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14611</u>					City or Town _____ State _____ Zip Code _____					
5	Plate Number <u>DKZ4216</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2007 CHRY</u> Vehicle Type <u>4DSD</u> Ins. Code <u>639</u>					Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____					
	Ticket/Arrest Number(s) _____					Ticket/Arrest Number(s) _____					
	Violation Section(s) _____					Violation Section(s) _____					25
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.					26
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____					27
	Vehicle Bv. <u>454</u> Towed: To: <u>454</u>					Vehicle Bv. _____ Towed: To: _____					
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)					28
	Reference Marker _____					Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____					29
	Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____					Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ miles N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)					30
	Accident Description/Officer's notes										

 USE
 COVER
 SHEET

N

 ALL
 INVOLVED

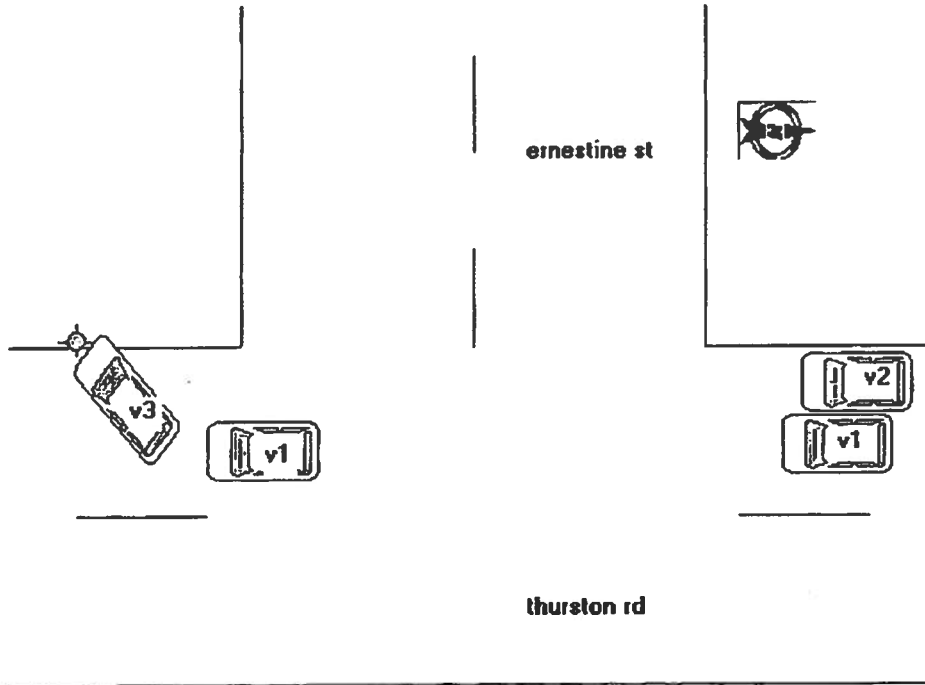
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only			
A															
B															
C															
D															
E															
F															
Officer's Rank and Signature <u>OFFICER</u>										Badge/ID No. <u>1788</u>	NCIC No. <u>02701</u>	Precinct/Post Troop/Zone _____	Station/Beat Sector _____	Reviewing Officer <u>Joseph, David A</u>	Date/Time Reviewed <u>12/25/2012 08:27</u>
Print Name <u>BRIAN MARONE</u> In Full _____															

POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-387049
FQA501000007

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 12	Day 19	Year 2012	Wednesday	14:31	3	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	



POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes 12-359538 FQA135000010
--

☐ AMENDED REPORT

1	Accident Date Month 11 Day 20 Year 2012		Day of Week Tuesday	Military Time 14:11	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 7			
1	VEHICLE 1					<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						20 7		
2	VEHICLE 1 - Driver License ID Number					State of Lic. NY					21			
14	Driver Name - exactly as printed on license MATHIS, HAROLD					Driver Name - exactly as printed on license HORN, DIANNE C					69			
	Address (Include Number and Street) 149 AVENUE E					Address (Include Number and Street) 465 THURSTON RD					22 X			
	City or Town ROCHESTER State NY Zip Code 14621					City or Town ROCHESTER State NY Zip Code 14619								
3	Date of Birth Month 1 Day 9 Year 1955		Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 9 Day 14 Year 1940		Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>		
1	Name - exactly as printed on registration					Name - exactly as printed on registration					23 5			
	Address (Include Number and Street) 149 AVENUE E					Address (Include Number and Street) 465 THURSTON RD								
4	City or Town ROCHESTER State NY Zip Code 14621					City or Town ROCHESTER State NY Zip Code 14619					24 3			
1	Plate Number					Plate Number FAV6758								
5	State of Reg. NY					State of Reg. NY								
1	Vehicle Year & Make 2005 LINC					Vehicle Year & Make 2005 LINC								
	Vehicle Type BICY					Vehicle Type 4DSD								
	Ins. Code 071													
1	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					25 1			
	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.					26 1			
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes								
7	Vehicle Bv. Towed To:					Vehicle Bv. Towed To:					27 2			
1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Circled the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					28 3			
	Reference Marker					Coordinates (if available) Latitude/Northing: Longitude/Easting:					29 -			
	Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 465 THURSTON RD at 1) intersecting street FLANDERS PL or 2) <input type="checkbox"/> N <input type="checkbox"/> S of <input type="checkbox"/> E <input type="checkbox"/> W feet miles (Milepost, Nearest intersecting Route Number or Street Name)										30 -			
	Accident Description/Officer's notes (B) TRAVELING S/B ON THE WEST SIDEWALK ALONG THIRSTON RD. (V2) ON FLANDERS PL FACING E/B APPROACHING THE SIDEWALK BEFORE ENTERING INTO TRAFFIC ON THURSTON RD. AS (V2) BEGAN TO SLOWLY ENTER THE PATH OF THE SIDEWALK, THE DRIVERS VIEW WAS OBSTRUCTED BY LARGE BUSHES IN FRONT OF THE BUILDING AT 441 THURSTON RD. AS (V2) BEGAN TO PULL FOWARD TO GET A BETTER VIEW OF THE SIDEWALK, (B) RAN INTO THE LEFT FRONT OF (V2) CAUSING (B) TO BE EJECTED FROM THEIR BICYCLE AND THROWN ONTO THE SIDEWALK. (B) COMPLAINED OF HIP PAIN DUE TO A RECENT HIP											USE COVER SHEET N		
	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	
A	B	1	1	3	57	M	10	12	6	9993	2706	MATHIS, HAROLD		
B	2	1	4	1	72	F	-	-	-			HORN, DIANNE C		
C														
D														
E														
F														
	Officer's Rank and Signature OFFICER <i>R.P.D.</i>					Badge/ID No. 1954		NCIC No. 02701		Precinct/Post Troop/Zone W52		Station/Beat Sector RPD	Reviewing Officer Rivers, Jon S	Date/Time Reviewed 11/27/2012 19:23
	Print Name in Full Thomas Deane													

ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19

Local Codes
12-359538
FQA135000010

☐ AMENDED REPORT

1	Accident Date Month 11 Day 20 Year 2012 Day of Week Tuesday Military Time 14:11 No. of Vehicles 1 No. Injured 1 No. Killed 0 Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
2	VEHICLE VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) Apt. No. Haz. Mat. Code Released City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	21
3	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) Apt. No. Haz. Mat. Code Released City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	22
4	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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes: Vehicle Bv. Towed: To:	23
5	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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes: Vehicle Bv. Towed: To:	24
6	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	25
7	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Road on which accident occurred (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) feet miles N S of (Milepost, Nearest Intersecting Route Number or Street Name) E W	26
8	Accident Description/Officer's notes REPLACEMENT AND WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO AMBULANCE. MINOR DAMAGE CAUSED TO (V2).	27
9	Names of all involved Date of Death Only	28
10	Officer's Rank and Signature OFFICER <i>R.P.D.</i> Print Name Thomas Deane In Full	29
11	Badge/ID No. 1954 NCIC No. 02701 Precinct/Post Troop/Zone W52 Station/Beat Sector RPD Reviewing Officer Rivers, Jon S Date/Time Reviewed 11/27/2012 19:23	30

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												

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 12-359538
FQA135000010

☐ **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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 11	Day 20	Year 2012	Tuesday	14:11	2	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	



THURSTON ROAD

SIDEWALK



FLANDERS PLACE

POLICE ACCIDENT REPORT MV-104A (3/04)

Local Codes
12-355721
FQA355000013

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20		
-	Month	Day	Year	Friday	14:52	2	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	7		
<div> <div> VEHICLE 1 </div> <div> VEHICLE 2 </div> <div> BICYCLIST </div> <div> PEDESTRIAN </div> <div> OTHER PEDESTRIAN </div> </div>													
2	VEHICLE 1 - Driver License ID Number 249042346				State of Lic. NY		VEHICLE 2 - Driver License ID Number 197248891				State of Lic. NY		
-	Driver Name - exactly as printed on license CUMMINGS, SHERAYNE M				Driver Name - exactly as printed on license VAMKAVOS, KP								
Address (Include Number and Street)				Apt. No.		Address (Include Number and Street)				Apt. No.			
1 PENHURST ST						131B KINGSBERRY DR							
City or Town ROCHESTER				State NY		City or Town ROCHESTER				State NY			
Zip Code 14619						Zip Code 14626							
3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22		
3	Month 2 Day 12 Year 1992	F	<input checked="" type="checkbox"/>	03	<input type="checkbox"/>	Month 8 Day 10 Year 1948	M	<input type="checkbox"/>	01	<input type="checkbox"/>	-		
Name - exactly as printed on registration				Sex	Date of Birth	Name - exactly as printed on registration				Sex	Date of Birth		
CUMMINGS, SHERAYNE M				F	Month 2 Day 12 Year 1992	MONROE SCHOOL TRANS,					Month Day Year		
Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code		
1 PENHURST ST					-	970 EMERSON ST					-		
City or Town ROCHESTER				State NY	Zip Code 14619	City or Town ROCHESTER				State NY	Zip Code 14606		
Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code		
GAN4372		NY	2003 FORD	4DSD	000	10968SL		NY	2010 CHRY	SUBN	335		
5	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)								
1	A3550009FQ A355000BFQ												
Violation Section(s)				Violation Section(s)									
5091 3191U													
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.				
1	<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.				<div> <div>Rear End</div> <div>Left Turn</div> <div>Right Angle</div> <div>Right Turn</div> <div>Head On</div> </div>				
VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM					
Box 1 - Point of Impact				Box 1 - Point of Impact				1. Sideswipe (same direction)					
Box 2 - Most Damage				Box 2 - Most Damage				2. Left Turn					
Enter up to three more damage codes				Enter up to three more damage codes				3. Right Turn					
Vehicle Bv:				Vehicle Bv:				4. Right Turn					
Towed: To:				Towed: To:				5. Sideswipe (opposite direction)					
VEHICLE DAMAGE CODING:				VEHICLE DAMAGE CODING:				See the last page of the MV-104A for the accident diagram.					
1-13 SEE DIAGRAM ON RIGHT.				1-13 SEE DIAGRAM ON RIGHT.				9.					
14. UNDERCARRIAGE				17. DEMOLISHED				Cost of repairs to any one vehicle will be more than \$1000.					
15. TRAILER				18. NO DAMAGE				<input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. OVERTURNED				19. OTHER									
Reference Marker				Coordinates (if available)				Place Where Accident Occurred:					
				Latitude/Northing:				County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER					
				Longitude/Easting:				Road on which accident occurred 348 THURSTON ROAD (Route Number or Street Name)					
								at 1) intersecting street MILTON ST (Route Number or Street Name)					
								or 2) <input type="checkbox"/> N <input type="checkbox"/> S of (Route Number or Street Name)					
								feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)					
Accident Description/Officer's notes													
V2 WAS TRAVELLING N/B ON THURSTON ROAD WHEN V1 FAILED TO YIELD ROW TO V2 AT THE INTERSECTION OF MILTON/THURSTON. V1 WAS W/B ON MILTON ST APPROACHING THURSTON ROAD. V1 DID STOP AT THE STOP SIGN BUT PROCEEDED INTO THE ROADWAY AND STRUCK V IN THE PASSENGER SIDE DOOR AND REAR TIRE AREA. TODDLER SUSTAINED BLOODY NOSE IN CRASH AND TAKEN TO STRONG HOSPITAL FOR PRECAUTION, NO OTHER INJURIES. DRIVER OV V1 DRIVING ON SUSP PERMIT WITH PASS 1 WHO HAS A SUSP CLASS D LICENSE. V1 TICKETED FOR DRIVING W/O LIC AND OPER W/O INSURANCE													
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only	
A	1	1	4	1	20	F	-	-	-		CUMMINGS, SHERAYNE M		
B	1	3	4	1	36	M	-	-	-		ALMONTE, MARCO A		
C	1	4	5	1	3	F	02	04	6	9259 2706	MCKNIGHT, TRANIYAH		
D	2	1	4	1	64	M	-	-	-		VAMKAVOS, KP		
E													
F													
Officer's Rank and Signature						Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector	
Officer Daniel Watson						1980		02701		----		Reviewing Officer Rivers, Jon S	
Print Name in Full												Date/Time Reviewed 11/20/2012 19:40	

ALL INVOLVED

USE COVER SHEET

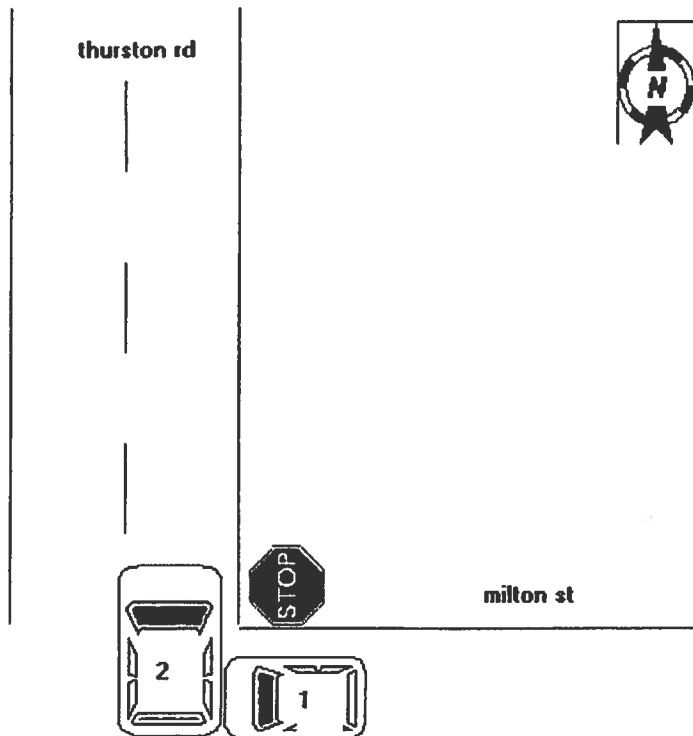
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-355721
FQA355000013

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	14:52	2	1	0	Accident Reconstructed <input type="checkbox"/>		
11	16	2012								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19
4

Local Codes
12-357318
FQ7089000175

☐ AMENDED REPORT

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 type="checkbox"/>	20
	Month	Day	Year	Sunday	01:45	1	1	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE 1						<input type="checkbox"/> VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
-----------	--	--	--	--	--	--	--	--	--	--	--

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - Driver License ID Number				State of Lic.	21
4	Driver Name - exactly as printed on license LSA,					Driver Name - exactly as printed on license WILLIAMS, JOHN-PAUL				GA	

Address (Include Number and Street)						Apt. No.	Address (Include Number and Street)						Apt. No.	14
179 BARTON ST							179 BARTON ST							

City or Town						State	Zip Code	City or Town						State	Zip Code	22
ROCHESTER						NY	14611	ROCHESTER						NY	14611	

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

1	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Month	Day	Year			01		

Name - exactly as printed on registration						Sex	Date of Birth	Name - exactly as printed on registration						Sex	Date of Birth	23
LSA,								,								

Address (Include Number and Street)						Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)						Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	23

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	Vehicle Type	Ins. Code	1
UNK								BICY		

5	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)				25
1									

Violation Section(s)				Violation Section(s)				25

6	Check if involved vehicle is:				20
	<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.				

1	Check if involved vehicle is:				20
	<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 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				26
Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes			

Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	26
99						

Vehicle Bv:	Towed To:	Vehicle Bv:	Towed To:	27

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

14. UNDERCARRIAGE	17. DEMOLISHED	27
15. TRAILER	18. NO DAMAGE	
16. OVERTURNED	19. OTHER	

VEHICLE DAMAGE CODING:				27
1-13 SEE DIAGRAM ON RIGHT.				

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17	18	Names of all Involved	Date of Death Only
A	B	1	1	3	33	M	11	11	6		WILLIAMS, JOHN-PAUL	
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	
Print Name Greg Backus						2013	02701	----	--	DiVincenzo, John F	11/19/2012 05:27	

USE COVER SHEET

N


19

☐ AMENDED REPORT

Accident Date		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed		Not Investigated at Scene		Left Scene		Police Photos	
Month 11 Day 18 Year 2012		Sunday		01:45		1		1		0		<input type="checkbox"/> Accident Reconstructed <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
VEHICLE																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> <div style="width: 48%;"> VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> </div>																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact _____ Box 2 - Most Damage _____ Enter up to three more damage codes _____ </div> </div>																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER </div> <div style="width: 48%;"> </div> </div>																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Reference Marker _____ _____ _____ </div> <div style="width: 48%;"> Coordinates (If available) Latitude/Northing: _____ Longitude/Easting: _____ </div> </div>																	
Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles _____ N _____ S _____ E _____ W _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)																	
Accident Description/Officer's notes AND CAN NOT ID. A NEIGHBORHOOD CANVAS TURNED UP NO FURTHER INFORMATION. WITNESS #1 - GERALINE CLARK 440 THURSTON RD APT 10 ROCHESTER NY 14613 (585) 576-8194 Ext. _____																	

**USE
DOVER
SHEET**

N

		8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only					
ALL INVOLVED	A																		
	B																		
	C																		
	D																		
	E																		
	F																		
Officer's Rank and Signature		Officer 						Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer		Date/Time Reviewed	
Print Name In Full		Greg Backus						2013		02701		----		--		DiVincenzo, John F		11/19/2012 05:27	

POLICE ACCIDENT REPORT

MV-104A (3/04)

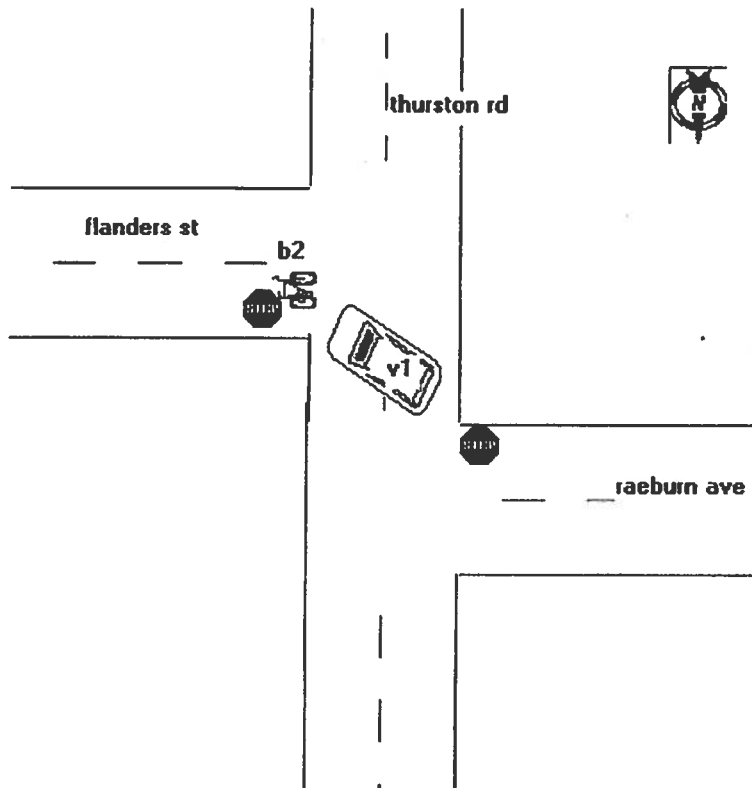
Local Codes

12-357318

FQ7089000175

☐ 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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 11	Day 18	Year 2012	Sunday	01:45	2	1	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes 12-326149
RQPR02000221

☐ AMENDED REPORT

1	Accident Date Month 10 Day 17 Year 2012	Day of Week Wednesday	Military Time 19:12	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19	
	Accident Reconstructed <input type="checkbox"/>								20
	VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN								21
2	VEHICLE 1 - Driver License ID Number 635760158				State of Lic. NY VEHICLE 2 - Driver License ID Number 662553974				21
	Driver Name - exactly as printed on license COLEY, PATRICK S				Driver Name - exactly as printed on license ROBINSON, CLIFFORD				7
	Address (Include Number and Street) 167 KENWOOD AV				Address (Include Number and Street) 80 RAEBURN AV				22
	City or Town ROCHESTER State NY Zip Code 14611				City or Town ROCHESTER State NY Zip Code 14611				22
3	Date of Birth Month 12 Day 23 Year 1978 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>				Date of Birth Month 1 Day 30 Year 1952 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>				23
1	Name - exactly as printed on registration COLEY, PATRICK S				Name - exactly as printed on registration ROBINSON, RUBY L				23
	Address (Include Number and Street) 167 KENWOOD AV				Address (Include Number and Street) 80 RAEBURN AV				24
4	City or Town ROCHESTER State NY Zip Code 14611				City or Town ROCHESTER State NY Zip Code 14611				24
3	Plate Number 58RK97 State of Reg. NY Vehicle Year & Make 2009 YAMA Vehicle Type MCY Ins. Code 000				Plate Number FXM6505 State of Reg. NY Vehicle Year & Make 2012 TOYT Vehicle Type 4DSD Ins. Code 328				4
5	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)				25
1	Violation Section(s)				Violation Section(s)				25
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.				26
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage Enter up to three more damage codes 3 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 6 1 6 Box 2 - Most Damage Enter up to three more damage codes 3 4 5				26
7	Vehicle Bv 453 Towed To: 453				Vehicle Bv: Towed To:				27
1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.				27
	Reference Marker				Coordinates (if available)				28
	Latitude/Northing:				Longitude/Easting:				28
	Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER				Road on which accident occurred 670 THURSTON RD (Route Number or Street Name)				29
	at 1) intersecting street <input checked="" type="checkbox"/> N <input type="checkbox"/> S or 2) 100 feet miles <input type="checkbox"/> E <input type="checkbox"/> W of BROOKS AV (Milepost, Nearest intersecting Route Number or Street Name)				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				29
	Accident Description/Officer's notes BOTH DRIVER'S STATE THAT (V2) MADE A LEFT HAND TURN IN FRONT OF THE NORTHBOUND (V1) RESULTING IN (V1) COLLIDING WITH REAR QUARTER/PANEL AREA OF (V2) AND EJECTING (D1). (D1) WAS TRANSPORTED TO STRONG HOSPITAL WITH MINOR APPARENT INJURY CONSISTING OF A POSSIBLE DISLOCATION OF HIS RIGHT SHOULDER.								30

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	6	3	33	M	07	09	6	9993	2706	COLEY, PATRICK S	
B	2	1	4	1	60	M	-	-	-			ROBINSON, CLIFFORD	
C													
D													
E													
F													

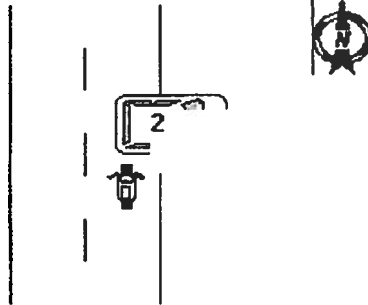
Officer's Rank and Signature Officer Nolan A Wengert	Badge/ID No. 1853	NCIC No. 02701	Precinct/Post Troop/Zone ---	Station/Beat Sector --	Reviewing Officer Rivers, Jon S	Date/Time Reviewed 10/23/2012 21:09
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 12-326149
FQPR02000221

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 10	Day 17	Year 2012	Wednesday	19:12	2	1	0	Accident Reconstructed <input type="checkbox"/>		



POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-322137
FQ7162000106

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
		Month	Day	Year					Accident Reconstructed <input type="checkbox"/>			25	
		10	13	2012	Saturday	19:25	2	0	0				
VEHICLE 1						<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							
2		VEHICLE 1 - Driver License ID Number 455475373				State of Lic. NY		VEHICLE 2 - Driver License ID Number				State of Lic.	
		Driver Name - exactly as printed on license PILGRIM, RONALD S						Driver Name - exactly as printed on license PARKED,					
		Address (Include Number and Street) 72 DEVON RD				Apt. No.		Address (Include Number and Street)				Apt. No.	
		City or Town ROCHESTER				State NY		City or Town				State	
		Zip Code 14619						Zip Code					
3		Date of Birth		Sex	Unlicensed <input checked="" 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"/>
		Month	Day	Year				Month		Day	Year		
		5	16	1968	M	01					00		
		Name - exactly as printed on registration PETERSON, SONYA V				Sex F		Date of Birth		Sex F		Date of Birth	
		Month 11 Day 25 Year 1966						Month 7 Day 13 Year 1963					
4		Address (Include Number and Street) 23 CORN FLOWER DR				Apt. No.		Address (Include Number and Street) 596 CONKEY AVE				Apt. No.	
		City or Town N CHILI				State NY		City or Town ROCHESTER				State NY	
		Zip Code 14514						Zip Code 14621					
5		Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	
		BKT1725	NY	2006 HUMM	SUBN	011	FTZ8914		NY	2009 TOYT	4DSD	182	
1		Ticket/Arrest Number(s) 716200JCFQ				Ticket/Arrest Number(s)							
		Violation Section(s) 5091				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.			
		<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.				Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9.			
7		VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACIDENT DIAGRAM			
		Box 1 - Point of Impact 3 1 3 2				Box 1 - Point of Impact 9 1 9 2							
		Box 2 - Most Damage 3 4 3 5				Box 2 - Most Damage 3 4 3 10							
		Enter up to three more damage codes 4				Enter up to three more damage codes 3 4 5							
1		Vehicle Bv. Towed To:				Vehicle Bv. Towed To:							
		VEHICLE DAMAGE CODING:				VEHICLE DAMAGE CODING:							
		1-13 SEE DIAGRAM ON RIGHT.				1-13 SEE DIAGRAM ON RIGHT.							
		14. UNDERCARRIAGE 17. DEMOLISHED				14. UNDERCARRIAGE 17. DEMOLISHED							
		15. TRAILER 18. NO DAMAGE				15. TRAILER 18. NO DAMAGE							
		16. OVERTURNED 19. OTHER				16. OVERTURNED 19. OTHER							
8		Reference Marker				Coordinates (if available)				Place Where Accident Occurred:			
						Latitude/Northing:				County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER			
						Longitude/Easting:				Road on which accident occurred THURSTON RD (Route Number or Street Name)			
										at 1) intersecting street <input type="checkbox"/> N <input checked="" type="checkbox"/> S (Route Number or Street Name)			
										or 2) 30 <input type="checkbox"/> E <input type="checkbox"/> W of SAWYER ST (Milepost, Nearest intersecting Route Number or Street Name)			
										feet miles			
9		Accident Description/Officer's notes											
		V1 OPERATED BY D1 WAS TRAVELING NORTHBOUND ON THURSTON RD APPROACHING SAWYER ST. D1 STATES THAT WHILE HE WAS OPERATING THE VEHICLE HE WAS DISTRACTED WHEN HE WAS LOOKING TO HIS LEFT AS HE WAS GOING TO PICK AN INDIVIDUAL UP FROM THE AREA. IN DOING SO D1 FAILS TO MAINTAIN HIS PROPER LANE AND CROSSES OVER THE SHOULDER INTO LEGALLY PARKED V2. D1 WAS INITIALLY OFFSCENE UPON MY ARRIVAL IN A BARBERSHOP ACROSS THE STREET FROM THE INCIDENT BUT DID COME UP TO ME AND STATE TO ME THE DETAILS OF THE ACCIDENT DURING THE PRELIMINARY INVESTIGATION. D1 WAS											
10		Names of all involved											
		PILGRIM, RONALD S											
11		Date of Death Only											
12		Officer's Rank and Signature OFFICER											
		Print Name JUSTIN STEWART											
13		Badge/ID No. 1750											
		NCIC No. 02701											
14		Precinct/Post Troop/Zone											
		Station/Beat Sector											
15		Reviewing Officer Rivers, Jon S											
		Date/Time Reviewed 10/15/2012 20:55											

ALL INVOLVED

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19

Local Codes
12-322137
FQ7162000106

☐ AMENDED REPORT

1	Accident Date Month 10 Day 13 Year 2012 Day of Week Saturday Military Time 19:25 No. of Vehicles 2 No. Injured 0 No. Killed 0 Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Accident Reconstructed <input type="checkbox"/>	20
2	VEHICLE VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	21
3	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number and Street) City or Town State Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)	22
4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed To:	23
5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed To:	24
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed To:	25
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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv. Towed To:	26
8	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27
9	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Road on which accident occurred (Route Number or Street Name) at 1) Intersecting street (Route Number or Street Name) or 2) N S of (Route Number or Street Name) feet miles E W (Milepost, Nearest intersecting Route Number or Street Name)	28
10	Accident Description/Officer's notes UNLICENSED AND WAS ISSUED A UTT FOR 509-1. NO INJURIES. VEHICLES CFBO.	29
11	Names of all involved Date of Death Only	30

USE COVER SHEET

N

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 OFFICER Print Name JUSTIN STEWART In Full									Badge/ID No. 1750 NCIC No. 02701 Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer Rivers, Jon S Date/Time Reviewed 10/15/2012 20:55			

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-309159
FQ7301000136

☐ AMENDED REPORT

1	Accident Date Month 10 Day 1 Year 2012	Day of Week Monday	Military Time 15:24	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number 675161665 Driver Name - exactly as printed on license BROWN, VENITA L Address (Include Number and Street) 60 HOLLAND ST City or Town ROCHESTER State NY Zip Code 14605				<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 970608445 Driver Name - exactly as printed on license GREEN, ERICA A Address (Include Number and Street) 21 GROVER ST City or Town ROCHESTER State NY Zip Code 14619						21
3	Date of Birth Month 2 Day 16 Year 1968 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>				Date of Birth Month 11 Day 12 Year 1989 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>						22
4	Name - exactly as printed on registration FIRST STUDENT INC. Address (Include Number and Street) 575 COLFAX ST City or Town ROCHESTER State NY Zip Code 14606				Name - exactly as printed on registration GREEN, ERICA A Address (Include Number and Street) 21 GROVER ST City or Town ROCHESTER State NY Zip Code 14619						23
5	Plate Number 50258BA State of Reg. NY Vehicle Year & Make 2008 IC Vehicle Type BUS Ins. Code 228				Plate Number EAN4329 State of Reg. NY Vehicle Year & Make 2002 HOND Vehicle Type 4DSD Ins. Code						24
6	Ticket/Arrest Number(s) Violation Section(s)				Ticket/Arrest Number(s) Violation Section(s)						25
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage Enter up to three more damage codes 1 3 5 Vehicle Bv: Towed: To:				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 8 1 8 Box 2 - Most Damage Enter up to three more damage codes 7 9 5 Vehicle Bv: 453 Towed: To: GARAGE				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 		26
8	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.				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		27
9	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AV (Route Number or Street Name) at 1) intersecting street THURSTON RD (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S of <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)						28
10	Accident Description/Officer's notes VEHICLE 2 WAS STOPPED ON BROOKS AV FACING EAST BOUND ATTEMPTING TO TURN NORTH ON THURSTON RD FACING A GREEN LIGHT. VEHICLE 1 WAS HEADING EASTBOUND ON BROOKS DIRECTLY BEHIND VEHICLE 2. VEHICLE 1 THEN CRASHED INTO VEHICLE 2 NOT SEEING THAT VEHICLE 2 HAD STOPPED. VEHICLE 2 SUSTAINED MAJOR REAR END DAMAGE. DRIVER OF VEHICLE 2 WAS TRANSPORTED TO STRONG BY RIG 9149 WITH BACK PAIN. VEHICLE 2 INSURANCE COMPANY IS 678 PROGRESSIVE ADVANCED INSURANCE.										29

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	44	F	-	-	-			BROWN, VENITA L	
B	2	1	4	1	22	F	06	12	6	9999	2706	GREEN, ERICA A	
C													
D													
E													
F													

Officer's Rank and Signature OFFICER <i>R. Castrichini Jr.</i>	Badge/ID No. 2118	NCIC No. 02701	Precinct/Post Troop/Zone --	Station/Beat Sector -	Reviewing Officer Rivers, Jon S	Date/Time Reviewed 10/3/2012 15:23
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

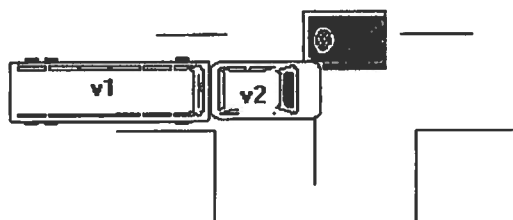
Local Codes
12-309159
FQ7301000136

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
10	1	2012	Monday	15:24	2	1	0			

THURSTON RD

BROOKS AV



12-3089412

MV-104A (6/04)

DMV COPY

1		Accident Date Month 10 Day 01 Year 2012		Day of Week MON		Military Time 1150		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20			
2		VEHICLE 1 Vehicle 1 - Driver License ID Number 798 469 673 Driver Name - exactly as printed on license William Frederick Address (Include Number & Street) 292 Cerlew St. City or Town Rochester State NY Zip Code 14613 Date of Birth 12 19 94 Sex M Unlicensed <input checked="" type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Barthel, Cynthia Address (Include Number & Street) 149 Kistlinburg City or Town Rochester State NY Zip Code - Plate Number FRD8575 State of Reg NY Vehicle Year & Make 1999 Dodge PC Ins. Code 413 Ticket/Arrest Number(s) - Violation Section(s) -										VEHICLE 2 Vehicle 2 - Driver License ID Number 913 529 221 Driver Name - exactly as printed on license Torregrossa, Joseph Address (Include Number & Street) 136 Pinebrook Dr. City or Town Rochester State NY Zip Code 14616 Date of Birth 08 06 50 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Torregrossa, Joseph Address (Include Number & Street) 136 Pinebrook Dr. City or Town Rochester State NY Zip Code 14616 Plate Number ERH811 State of Reg NY Vehicle Year & Make 2009 PC Ins. Code G18 Ticket/Arrest Number(s) - Violation Section(s) -										21	
3		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 8 Box 2 - Most Damage 2 Enter up to three more Damage Codes 3 4 5 Vehicle By Towed To -										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 10 Box 2 - Most Damage 16 Enter up to three more Damage Codes 11 4 5 Vehicle By Towed To -										22	
4		VEHICLE 1 DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										ACIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End 1 Left Turn 3 Right Angle 4 Right Turn 5 Head On 7 Sideswipe (same direction) 2 Left Turn 6 Right Turn 8 Sideswipe (opposite direction) 9 Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No										23	
5		Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:										Place Where Accident Occurred: County Monroe City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Road on which accident occurred Thurston Rd. / Albert Ellcott St. at 1) intersecting street or 2) Feet Miles of (Milepost, Nearest intersecting Route Number or Street Name)										24	
6		Accident Description/Officer's Notes (U1) was backing from a driveway heading east bound and struck (U2) which was pulling away from the curb heading north bound on Thurston Rd. This off cause the vehicles to strike and cause damage to the rear of (U1) and the driver side rear of (U2). No injuries and both vehicles driven from the scene.										USE COVER SHEET										25	
7		A 1 1 2 1 17 M - - - - - Williams, Frederick										Date of Death Only -										26	
8		B 2 1 2 1 63 M - - - - - Torregrossa, Joseph										Date of Death Only -										27	
9		C																				28	
10		D																				29	
11		E																				30	
12		F																				31	
13		Officer's Rank and Signature PO [Signature] Print Name in Full Danica K. Rizzo										Badge/ID No. 0330 NCIC No. 60701 Precinct/Post Troop/Zone W-55 Station/Beat/Sector 53 Reviewing Officer [Signature] Date/Time Reviewed 10/1/12 1457										32	

POLICE ACCIDENT REPORT MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

☐ AMENDED REPORT

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 type="checkbox"/>		20																				
		Month 9		Day 4		Year 2012		Tuesday		20:39		4		0		0		<input type="checkbox"/> Accident Reconstructed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2																				
		VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																						
2		VEHICLE 1 - Driver License ID Number 707187044								State of Lic. NY		VEHICLE 2 - Driver License ID Number								State of Lic.		21																		
		Driver Name - exactly as printed on license DENNARD, DAVID JR																		Driver Name - exactly as printed on license PARKED,																				
		Address (Include Number and Street) 260 ELLICOTT ST																		Apt. No.		Address (Include Number and Street)		Apt. No.																
		City or Town ROCHESTER																		State NY		Zip Code 14619		City or Town		State		Zip Code		22										
3		Date of Birth		Sex		Unlicensed		No. of Occupants		Public Property Damaged		Date of Birth		Sex		Unlicensed		No. of Occupants		Public Property Damaged		23																		
1		Month 6		Day 12		Year 1964		M		<input type="checkbox"/>		01		<input type="checkbox"/>		Month 3		Day 12		Year 1983		5																		
		Name - exactly as printed on registration DENNARD, DAVID JR																		Sex M		Date of Birth Month 6 Day 12 Year 1964		Name - exactly as printed on registration DENNIS, SHALONDA L		Sex F		Date of Birth Month 3 Day 12 Year 1983												
		Address (Include Number and Street) 260 ELLICOTT ST																		Apt. No.		H&Z Mat. Code		Released		Address (Include Number and Street) 150 CAMELOT DR		Apt. No.		H&Z Mat. Code		Released								
4		City or Town ROCHESTER																		State NY		Zip Code 14619		City or Town ROCHESTER		State NY		Zip Code 14623		24										
		Plate Number FYJ2441																		State of Reg. NY		Vehicle Year & Make 1993 NISS		Vehicle Type 4DSD		Ins. Code 000		Plate Number FXM5992		State of Reg. NY		Vehicle Year & Make 2004 STRN		Vehicle Type 4DSD		Ins. Code 011		5		
5		Ticket/Arrest Number(s) A06402BRFQ A06402BSFQ AAN7629392																		Ticket/Arrest Number(s)																25				
		Violation Section(s) 11923 11922 306B																		Violation Section(s)																1				
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.																		26
2		VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage																		VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage																		10		
7		Enter up to three more damage codes 1 2 3																		Enter up to three more damage codes 3 4 5																		27		
3		Vehicle Bv: 454 Towed: To: POUND																		Vehicle Bv: Towed: To:																		1		
		VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 18. OTHER																		See the last page of the MV-104A for the accident diagram.																		28		
		Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																				1		
		Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:																		Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 629 THURSTON RD (Route Number or Street Name) at 1) Intersecting street SHELDON TERR (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S of <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)																		29		
		Accident Description/Officer's notes V1 WAS PARKED ON THE EAST SIDE OF THURSTON RD, FACING N/B. V1 PULLED AWAY FROM CURB IN A NORTHBOUND DIRECTION ON THURSTON ROAD AND ATTEMPTED TO MAKE A U TURN TO HEAD BACK SOUTHBOUND. ONCE SOUTHBOUND, (W) STATES THAT V1 REAR ENDED V2 WHICH WAS LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD IN FRONT OF #629. (W) STATES THAT V1 HIT V2 SO HARD THAT ENTIRE FRONT BUMPER OF V1 WENT UNDERNEATH V2 AND LIFTED IT UP. (W) STATES THAT V1 PROCEEDED SOUTHBOUND ON THURSTON ROAD AND STRUCK V3 WHICH WAS ALSO LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD																																				30		
		8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only																																				USE COVER SHEET		
A		1 1 1 1 48 M - - - DENNARD, DAVID JR																																				N		
B																																								
C																																								
D																																								
E																																								
F																																								
		Officer's Rank and Signature Officer Daniel Watson																		Badge/ID No. 1980 NCIC No. 02701 Precinct/Post Troop/Zone --- Station/Beat Sector --- Reviewing Officer Rivers, Jon S Date/Time Reviewed 9/9/2012 19:21																				

ALL INVOLVED

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

☐ AMENDED REPORT

1	Accident Date Month: 9 Day: 4 Year: 2012	Day of Week Tuesday	Military Time 20:39	No. of Vehicles 4	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20																																																																																										
	VEHICLE 3					<input checked="" type="checkbox"/> VEHICLE 4 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					21																																																																																									
2	VEHICLE 1 - Driver License ID Number: _____ State of Lic.: _____ Driver Name - exactly as printed on license: PARKED, Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____				VEHICLE 2 - Driver License ID Number: _____ State of Lic.: _____ Driver Name - exactly as printed on license: PARKED, Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____				22																																																																																											
3	Date of Birth Month: _____ Day: _____ Year: _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: 00 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: FITZGERALD, MARJORIE Sex: F Date of Birth: Month: 6 Day: 3 Year: 1980				Date of Birth Month: _____ Day: _____ Year: _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: 00 Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: HERRIOTT, JESSICA L Sex: F Date of Birth: Month: 6 Day: 29 Year: 1986				23																																																																																											
4	Address (Include Number and Street): 609 BAY RD Apt. No.: _____ City or Town: WEBSTER State: NY Zip Code: 14580 Plate Number: FTP3162 State of Reg.: NY Vehicle Year & Make: 2006 TOYT Vehicle Type: 4DSD Ins. Code: 016				Address (Include Number and Street): 56 PORTLAND CT Apt. No.: _____ City or Town: ROCHESTER State: NY Zip Code: 14621 Plate Number: FTW2541 State of Reg.: NY Vehicle Year & Make: 2000 PONT Vehicle Type: 4DSD Ins. Code: 011				24																																																																																											
5	Ticket/Arrest Number(s) : _____ Violation Section(s) : _____				Ticket/Arrest Number(s) : _____ Violation Section(s) : _____				25																																																																																											
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.				26																																																																																											
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more damage codes: _____				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: _____ Box 2 - Most Damage: _____ Enter up to three more damage codes: _____				27																																																																																											
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				28																																																																																											
	Reference Marker		Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____		Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred: _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W					29																																																																																										
Accident Description/Officer's notes IN FRONT OF #669. V1 CONTINUED S/B ON THURSTON, CROSSING BROOKS AND STRIKING V4 WHICH WAS ALSO LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD IN FRONT OF #737. OFC D PEARSON STOPPED V1 AT 393 GENESEE PARK BLVD. OFC BRACEY AND WEECH RESP TO PROCESS DRIVER OF V1 FOR DWI. V1 TOWED TO CITY POUND. COSMETIC DAMAGES TO ALL VEHICLES INVOLVED, NO INJURIES. ADDITIONAL TICKETS FOR DRIVER #1 - AAN7629355, 3191U / AAN7622613, 37522 / AAN7622624, 37535C WITNESS #1 - HOWARD WILSON 583 BROOKS AV 1 ROCHESTER NY 14619 () - Ext.										30																																																																																										
<table border="1" style="width: 100%;"> <tr> <th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17 BY</th><th>TO 18</th><th>Names of all involved</th><th>Date of Death Only</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																														
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																								
Officer's Rank and Signature <i>Daniel Watson</i>				Badge/ID No. 1980		NCIC No. 02701		Precinct/Post Troop/Zone ---		Station/Beat Sector --		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 9/9/2012 19:21																																																																																						

ALL INVOLVED

USE COVER SHEET

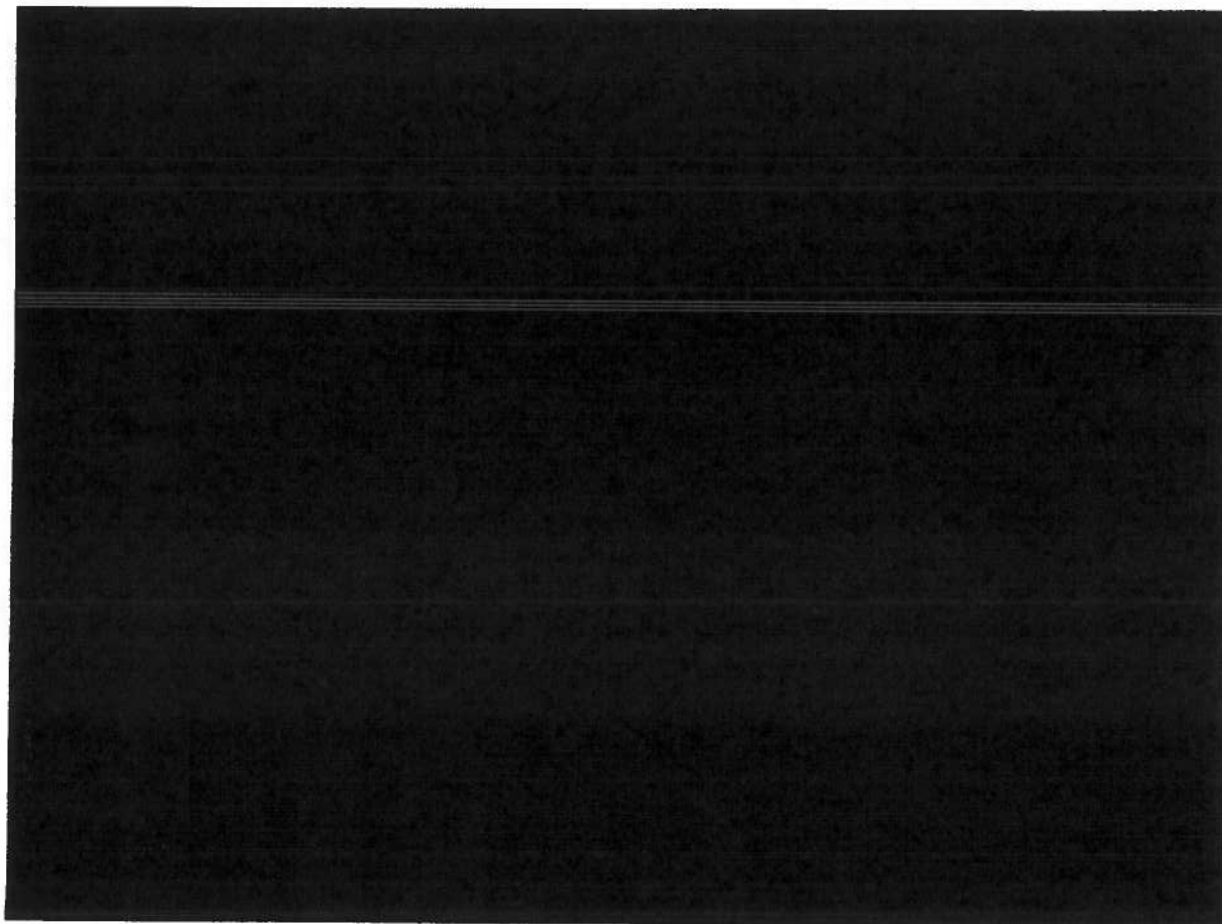
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

☐ 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						Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	4	2012	Tuesday	20:39	4	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-238479
FQ7237000110

☐ AMENDED REPORT

1	Accident Date Month 7 Day 30 Year 2012	Day of Week Monday	Military Time 19:23	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 4			
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number 227811184 Driver Name - exactly as printed on license SAFFORD, DANIEL S Address (Include Number and Street) 5 SLAYTONBUSH LANE City or Town UTICA State NY Zip Code 13501 Date of Birth Month 10 Day 1 Year 1991 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration SAFFORD, JAMES L Address (Include Number and Street) 5 SLAYTONBUSH LN City or Town UTICA State NY Zip Code 13501 Plate Number DBT8894 State of Reg. NY Vehicle Year & Make 2004 HYUN Vehicle Type SEDN Ins. Code 478 Ticket/Arrest Number(s) Violation Section(s)				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 356906708 Driver Name - exactly as printed on license JONES, KIM M Address (Include Number and Street) 185 ARBORWOOD CST City or Town ROCHESTER State NY Zip Code 14615 Date of Birth Month 1 Day 14 Year 1963 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration JONES, KIM M Address (Include Number and Street) 185 ARBORWOOD CST City or Town ROCHESTER State NY Zip Code 14615 Plate Number CFL3321 State of Reg. NY Vehicle Year & Make 2013 HYUN Vehicle Type 4DSD Ins. Code 328 Ticket/Arrest Number(s) Violation Section(s)						20 21 22 23 24 25 26 27 28 29 30		
3	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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage 18 Enter up to three more damage codes 3 4 5 Vehicle Bv: Towed: To:				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 8 1 2 Box 2 - Most Damage 18 Enter up to three more damage codes 3 4 5 Vehicle Bv: Towed: To:				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 1. Rear End 2. Left Turn 3. Right Angle 4. Right Turn 5. Head On 6. Sideswipe (same direction) 7. Left Turn 8. Right Turn 9. Sideswipe (opposite direction) ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				1 8 1 1 1
4	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AVE (Route Number or Street Name) at 1) intersecting street THURSTON RD (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W						29 -		
5	Accident Description/Officer's notes V2 WAS TRAVELLING W/B ON BROOKS AVE AND SLOWING TO STOP FOR THE RED LIGHT AT BROOKS AVE/THURSTON RD. V1 WAS DIRECTLY BEHIND V2 ALSO TRAVELLING W/B. V2 SUDDENLY STOPPED CAUSING V1 TO COLLIDE WITH V2 RESULTING IN VERY MINOR DAMAGE TO V2. NO INJURIES REPORTED.										30 -		

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only		
	A	1	1	4	1	20	M	-	-	-		SAFFORD, DANIEL S			
	B	2	1	4	1	49	F	-	-	-		JONES, KIM M			
	C	2	6	5	1	2	F	-	-	-		BURGESS, STEPHANIE			
	D														
	E														
F															
Officer's Rank and Signature Print Name in Full		OFFICER		Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 8/1/2012 19:16	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-238479
FQ7237000110

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
7	30	2012	Monday	19:23	2	0	0			

THURSTON RD



BROOKS AVE



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-212850
FQ7162000091

☐ AMENDED REPORT

1	Accident Date Month 7 Day 9 Year 2012	Day of Week Monday	Military Time 19:07	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 9	
2	VEHICLE 1 Driver License ID Number 247232267 Driver Name - exactly as printed on license COOPER, SHEKINAH G Address (Include Number and Street) 408 1ST ST City or Town ROCHESTER State NY Zip Code 14605 Date of Birth Month 6 Day 19 Year 1984 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration COOPER, SHEKINAH G Sex F Date of Birth Month 6 Day 19 Year 1984 Address (Include Number and Street) 408 1ST ST Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14605 Plate Number GAN5794 State of Reg. NY Vehicle Year & Make 2004 NISS Vehicle Type 4DSD Ins. Code 479 Ticket/Arrest Number(s) Violation Section(s)				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number 655959286 Driver Name - exactly as printed on license FOSTER, LARRY Address (Include Number and Street) 8 MARGARET ST Apt. No. City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 9 Day 20 Year 1953 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration HEYWARD, ROBERT E Sex M Date of Birth Month 11 Day 13 Year 1978 Address (Include Number and Street) 45 LANDSTONE TERR Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14606 Plate Number ESP3220 State of Reg. NY Vehicle Year & Make 2003 FORD Vehicle Type SUBN Ins. Code 100 Ticket/Arrest Number(s) Violation Section(s)				21 22 23 24 25 26 27 28 29		
3	VEHICLE 1 DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				VEHICLE 2 DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				ACIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		30 - USE COVER SHEET
4	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON RD (Route Number or Street Name) at 1) intersecting street MARGARET ST (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		30 -
5	Accident Description/Officer's notes V1 OPERATED BY D1 SOUTHBOUND ON THURSTON RD BEHIND V2 OPERATED BY D2 ALSO SOUTHBOUND ON THURSTON RD. V2 SLOWS TO MAKE RIGHT WESTBOUND TURN ONTO MARGARET ST AND IS STRUCK FROM BEHIND BY V1. NO INJURIES. V2 CFBO. V1 TOWED TO GARAGE BY 451. CITY CAMERA AT THURSTON RD/ROSALIND ST CHECKED WITH NEGATIVE RESULTS.										30 -

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	28	F	-	-	-			COOPER, SHEKINAH G	
B	1	3	4	1	18	F	-	-	-			SINGLETERY, JASMINE J	
C	2	1	4	1	58	M	-	-	-			FOSTER, LARRY	
D													
E													
F													
Officer's Rank and Signature	OFFICER					Badge/ID No.	NCIC No.	Princt/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed		
Print Name In Full	JUSTIN STEWART					1750	02701	----	--	Rivers, Jon S	7/11/2012 17:39		

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes

12-200631

FQ7215000154

☐ AMENDED REPORT

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 checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>	20		
-		Month	Day	Year	Saturday	02:15	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X		
2		VEHICLE 1						<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				21		
-		VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - Driver License ID Number				State of Lic.			
-		Driver Name - exactly as printed on license LSA,					Driver Name - exactly as printed on license WHITE, ARLEATA L							
4		Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.			
4		City or Town				State	City or Town				State			
3		Date of Birth				Sex	Date of Birth				Sex			
1		Month	Day	Year	UN		Month	Day	Year	F				
4		Name - exactly as printed on registration				Sex	Name - exactly as printed on registration				Sex			
-		LSA,					WHITE, ARLEATA L							
4		Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.			
4		City or Town				State	City or Town				State			
5		Plate Number				State of Reg.	Plate Number				State of Reg.			
1		UNKNOWN					FBS4647							
6		Ticket/Arrest Number(s)					Ticket/Arrest Number(s)							
1		Violation Section(s)					Violation Section(s)							
7		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.				
1		<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.								
7		VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM				
2		Box 1 - Point of Impact				Box 1 - Point of Impact				See the last page of the MV-104A for the accident diagram.				
1		Box 2 - Most Damage				Box 2 - Most Damage				Cost of repairs to any one vehicle will be more than \$1000.				
1		Enter up to three more damage codes				Enter up to three more damage codes				<input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
1		Vehicle Bv:				Vehicle Bv:								
1		Towed: To:				Towed: To:								
1		VEHICLE DAMAGE CODING:				VEHICLE DAMAGE CODING:								
1		1-13 SEE DIAGRAM ON RIGHT.				1-13 SEE DIAGRAM ON RIGHT.								
1		14. UNDERCARRIAGE 17. DEMOLISHED				14. UNDERCARRIAGE 17. DEMOLISHED								
1		15. TRAILER 18. NO DAMAGE				15. TRAILER 18. NO DAMAGE								
1		16. OVERTURNED 19. OTHER				16. OVERTURNED 19. OTHER								
1		Reference Marker				Coordinates (if available)				Place Where Accident Occurred:				
1						Latitude/Northing:				County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER				
1						Longitude/Easting:				Road on which accident occurred 661 THURSTON RD (Route Number or Street Name)				
1										at 1) intersecting street <input type="checkbox"/> N <input checked="" type="checkbox"/> S (Route Number or Street Name)				
1										or 2) 10 <input type="checkbox"/> E <input type="checkbox"/> W of ERNESTINE ST. (Milepost, Nearest intersecting Route Number or Street Name)				
1														
1		Accident Description/Officer's notes				Accident Description/Officer's notes				Accident Description/Officer's notes				
1		OFFICERS RESPONDED TO THE 661 THURSTON RD. FOR THE REPORT OF A HIT AND RUN MVA. ONSCENE OFFICERS LOCATED VEH 2. THE DRIVER OF VEH 2. SAID THAT THEY WERE TRAVELLING S/B ON THURSTON RD. AND WERE SLOWING AND ALMOST TO A STOP SO THAT A PEDESTRIAN COULD CROSS THE STREET. AS VEH 2 CAME TO A STOP, VEH 1 WAS TRAVELLING S/B AT A HIGH RATE OF SPEED. VEH 1'S FRONT BUMPER AREA STRUCK THE REAR BUMPER AREA OF VEH 2. VEH 1 THEN LEFT THE SCENE S/B ON THURSTON RD. TOWARDS GENESEE PARK BL. THE DRIVER OF VEH 2. SAID THAT VEH 1 WAS A DARK COLORED 4DSD.				OFFICERS RESPONDED TO THE 661 THURSTON RD. FOR THE REPORT OF A HIT AND RUN MVA. ONSCENE OFFICERS LOCATED VEH 2. THE DRIVER OF VEH 2. SAID THAT THEY WERE TRAVELLING S/B ON THURSTON RD. AND WERE SLOWING AND ALMOST TO A STOP SO THAT A PEDESTRIAN COULD CROSS THE STREET. AS VEH 2 CAME TO A STOP, VEH 1 WAS TRAVELLING S/B AT A HIGH RATE OF SPEED. VEH 1'S FRONT BUMPER AREA STRUCK THE REAR BUMPER AREA OF VEH 2. VEH 1 THEN LEFT THE SCENE S/B ON THURSTON RD. TOWARDS GENESEE PARK BL. THE DRIVER OF VEH 2. SAID THAT VEH 1 WAS A DARK COLORED 4DSD.				OFFICERS RESPONDED TO THE 661 THURSTON RD. FOR THE REPORT OF A HIT AND RUN MVA. ONSCENE OFFICERS LOCATED VEH 2. THE DRIVER OF VEH 2. SAID THAT THEY WERE TRAVELLING S/B ON THURSTON RD. AND WERE SLOWING AND ALMOST TO A STOP SO THAT A PEDESTRIAN COULD CROSS THE STREET. AS VEH 2 CAME TO A STOP, VEH 1 WAS TRAVELLING S/B AT A HIGH RATE OF SPEED. VEH 1'S FRONT BUMPER AREA STRUCK THE REAR BUMPER AREA OF VEH 2. VEH 1 THEN LEFT THE SCENE S/B ON THURSTON RD. TOWARDS GENESEE PARK BL. THE DRIVER OF VEH 2. SAID THAT VEH 1 WAS A DARK COLORED 4DSD.				
8		9				10				11				
A		2				1				49				
B		2				4				36				
C		2				3				41				
D														
E														
F														
OFFICER'S RANK and Signature		Officer: <i>NO Timothy Luetz</i>				Badge/ID No.				NCIC No.				
Print Name in Full		Timothy Luetz				2041				02701				
Precinct/Post Troop/Zone		----				Station/Beat Sector				Reviewing Officer				
										Alberto, Edward A				
Date/Time Reviewed		6/30/2012 07:14												

ALL INVOLVED

USE COVER SHEET

N

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-200631
FQ7215000154

☐ AMENDED REPORT

1	Accident Date Month: 6 Day: 30 Year: 2012			Day of Week Saturday	Military Time 02:15	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																										
	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN </div> </div>																																																																																																					
2	VEHICLE 1 - Driver License ID Number: _____ State of Lic.: _____					VEHICLE 2 - Driver License ID Number: _____ State of Lic.: _____					21																																																																																											
	Driver Name - exactly as printed on license Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____					Driver Name - exactly as printed on license Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____					22																																																																																											
3	Date of Birth Month: _____ Day: _____ Year: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: _____ Day: _____ Year: _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Unlicensed <input type="checkbox"/>	No. of Occupants _____	Public Property Damaged <input type="checkbox"/>	23																																																																																											
	Name - exactly as printed on registration Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____					Name - exactly as printed on registration Address (Include Number and Street): _____ Apt. No.: _____ City or Town: _____ State: _____ Zip Code: _____					24																																																																																											
4	Plate Number _____	State of Reg. _____	Vehicle Year & Make _____	Vehicle Type _____	Ins. Code _____	Plate Number _____	State of Reg. _____	Vehicle Year & Make _____	Vehicle Type _____	Ins. Code _____	25																																																																																											
	Ticket/Arrest Number(s) _____					Ticket/Arrest Number(s) _____					26																																																																																											
5	Violation Section(s) _____					Violation Section(s) _____					27																																																																																											
	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.					28																																																																																											
6	VEHICLE 1 DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					VEHICLE 2 DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					29																																																																																											
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 16. TRAILER 18. NO DAMAGE 19. OVERTURNED 20. OTHER					ACIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					30																																																																																											
7	Reference Marker _____					Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____					31																																																																																											
	Place Where Accident Occurred: County: MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred: _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W					Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					32																																																																																											
8	Accident Description/Officer's notes WITNESS 1 STATED THE HE OBSERVED VEH 1 STRIKE VEH 2 AND SAID THAT VEH 1 WAS A DARK COLORED CHEVROLET, POSSIBLY AND OLDER MODEL PRISM. PASSENGER 1 COMPLAINED OF BACK PAIN BUT REFUSED MEDICAL TREATMENT. CITY CAMERA AT BROOKS AV/THURSTON RD. RECORDED THE MVA. NO PLATE OF VEH 1 ON CAMERA. NO INJURIES REPORTED. WITNESS #1 - MICHAEL A THAXTON 287B FLOWER CITY PK APT5 ROCHESTER NY 14615 (585) 284-4196 Ext. _____											33																																																																																										
	ALL INVOLVED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																														
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																										
9	Officer's Rank and Signature Officer: <i>NO Timothy Luety</i>					Badge/ID No. 2041	NCIC No. 02701	Precinct/Post Troop/Zone ----	Station/Beat Sector --	Reviewing Officer Alberto, Edward A	Date/Time Reviewed 6/30/2012 07:14	35																																																																																										
	Print Name in Full Timothy Luety												36																																																																																									

N

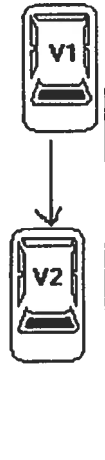
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-200631
FQ7215000154

☐ **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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
6	30	2012	Saturday	02:15	2	0	0			

661 THURSTON RD



THURSTON RD



Local Codes

12-187647

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month 6 Day 20 Year 12	Day of Week WED	Military Time 1347	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
2	VEHICLE 1 - Driver License ID Number 438 255 072 NY				VEHICLE 2 - Driver License ID Number 611 276 919 NY					
2	Driver Name - exactly as printed on license Cangialosi, MARTIN J.				Driver Name - exactly as printed on license NASH, Shonta W.					
2	Address (Include Number & Street) 28 BRU MAR DR.				Address (Include Number & Street) 50 GREENLEAF MEADOWS					
2	City or Town Rochester, NY State Zip Code 14606				City or Town Rochester, NY State Zip Code 14612					
3	Date of Birth Month 6 Day 10 Year 53	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 7	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 8 Day 11 Year 80	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 4	Public Property Damaged <input type="checkbox"/>
3	Name - exactly as printed on registration First Student INC				Name - exactly as printed on registration BONITON, Morris L					
3	Address (Include Number & Street) 575 Colfax St.				Address (Include Number & Street) 108 Chatham Gardens					
3	City or Town Rochester, NY State Zip Code 14606				City or Town Rochester, NY State Zip Code 14605					
3	Plate Number 47656BA	State of Reg NY	Vehicle Year & Make 2006 IL	Vehicle Type BUS	Ins. Code 22E	Plate Number FTN 7702	State of Reg NY	Vehicle Year & Make 2000 Nissan	Vehicle Type 4PSD	Ins. Code 733
4	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)					
4	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.	
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 11 Box 2 - Most Damage 21 Enter up to three more Damage Codes 12 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 23 Box 2 - Most Damage 4 Enter up to three more Damage Codes 4 4 5				ACCIDENT DIAGRAM	
7	Vehicle By Towed: CFBO				Vehicle By Towed: To Garage				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	
7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Place Where Accident Occurred: County MONROE City Village Town of Rochester Road on which accident occurred SHELTON TERR at 1) intersecting street THURSTON RD. or 2) _____ Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)				USE COVER SHEET	
7	Accident Description/Officer's Notes				VEH 2 WAS STOPPED AT THE STOP SIGN ON SHELTON TERR. VEH 2 SCHOOL BUS WAS MAKING A LEFT HAND TURN INTO SHELTON TERR. FROM THURSTON RD. VEH 1 TURNED SHOT AND STRUCK VEH 2 CAUSING A GOOD AMOUNT OF DAMAGE TO VEH 2. VEH 1 HAD MINOR DRUG SIDE DAMAGE. NO INJURIES TO ANY CHILDREN ON BUS OR IN CAR. PASS OF VEH 2 SUSTAIN BODY PAIN					
7	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Names of all involved	
7	A 1 1 4 1 59 M				CANGIALOSI, MARTIN J.				Date of Death Only	
7	B 2 1 4 1 31 F				NASH, Shonta W.					
7	C 3 3 4 1 55 F				DICKERSON, MARIE					
7	D 4 4 4 1 38 F				HANNA, BELATINA					
7	E 2 6 4/5 1 3 M				HANNA, BRANDON					
7	F									
7	Officer's Rank and Signature PLO A.K. Brown				Badge/ID No. 170				NCIC No. 02701	
7	Print Name in Full A.K. BROWN				Precinct/Post Troop Zone WEST				Station/Beat Sector 53	
7					Reviewing Officer				Date/Time Reviewed 6/23/12	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19
9

Local Codes
12-183650
FQPR02000179

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20														
		Month	Day	Year					Accident Reconstructed <input type="checkbox"/>																	
		6	17	2012	Sunday	02:16	2	0	0																	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 988856247 Driver Name - exactly as printed on license BREWER, JOHN A Address (Include Number and Street) 1140 NORTON ST City or Town ROCHESTER State NY Zip Code 14621 Date of Birth Month 3 Day 17 Year 1967 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration BREWER, JOHN A Sex M Date of Birth Month 3 Day 17 Year 1967 Address (Include Number and Street) 1140 NORTON ST Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14621 Plate Number GAN4911 State of Reg NY Vehicle Year & Make 1995 CADI Vehicle Type 4DSD Ins. Code 626 Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 721765589 Driver Name - exactly as printed on license DAVEY, MAKITA Address (Include Number and Street) 198 ARBORWOOD CRES City or Town ROCHESTER State NY Zip Code 14615 Date of Birth Month 3 Day 21 Year 1981 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration DAVEY, MAKITA Sex F Date of Birth Month 3 Day 21 Year 1981 Address (Include Number and Street) 198 ARBORWOOD CRES Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14615 Plate Number ECG9637 State of Reg NY Vehicle Year & Make 2004 CHEV Vehicle Type 4DSD Ins. Code 478 Ticket/Arrest Number(s) Violation Section(s) </div> </div>																										
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed: To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed: To: </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>																										
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																										
<table border="1"> <tr> <td>Reference Marker</td> <td>Coordinates (if available)</td> <td>Place Where Accident Occurred:</td> </tr> <tr> <td></td> <td>Latitude/Northing:</td> <td>County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER</td> </tr> <tr> <td></td> <td>Longitude/Easting:</td> <td>Road on which accident occurred THURSTON ROAD (Route Number or Street Name)</td> </tr> <tr> <td></td> <td></td> <td>at 1) intersecting street THURSTON ROAD/MILTON STREET (Route Number or Street Name)</td> </tr> <tr> <td></td> <td></td> <td>or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest intersecting Route Number or Street Name)</td> </tr> </table>												Reference Marker	Coordinates (if available)	Place Where Accident Occurred:		Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER		Longitude/Easting:	Road on which accident occurred THURSTON ROAD (Route Number or Street Name)			at 1) intersecting street THURSTON ROAD/MILTON STREET (Route Number or Street Name)			or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest intersecting Route Number or Street Name)
Reference Marker	Coordinates (if available)	Place Where Accident Occurred:																								
	Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER																								
	Longitude/Easting:	Road on which accident occurred THURSTON ROAD (Route Number or Street Name)																								
		at 1) intersecting street THURSTON ROAD/MILTON STREET (Route Number or Street Name)																								
		or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest intersecting Route Number or Street Name)																								
Accident Description/Officer's notes D1 SAID THAT D2 VEH STOPPED SUDDENLY CAUSING HIM TO REAR END VEHICLE 2. D1 SAID THAT D2 WAS STOPPING TO TALK TO SOMEONE ON THE STREET AND WAS IMPEDING VEHICLE TRAFFIC. D2 SAID THAT SHE STOPPED TO MAKE A RIGHT TURN WHEN SHE WAS REAR ENDED BY VEH 1. MINOR DAMAGE TO BOTH VEHICLES AND NO INJURIES TO REPORT.																										

USE COVER SHEET

N

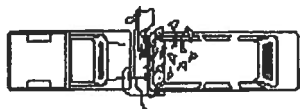
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	45	M	-	-	-		BREWER, JOHN A	
B	2	1	4	1	31	F	-	-	-		DAVEY, MAKITA	
C												
D												
E												
F												
Officer's Rank and Signature OFFICER Tito BATSON						Badge/ID No. 1631	NCIC No. 02701	Precinct/Post Troop/Zone 52	Station/Beat Sector WEST	Reviewing Officer Joseph, David A	Date/Time Reviewed 7/19/2012 07:38	

POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-183650
FQPR02000179

☐ **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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year								
6	17	2012	Sunday	02:16	2	0	0	Accident Reconstructed <input type="checkbox"/>		



Local Codes

12-172571

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

☐ AMENDED REPORT

1	Accident Date Month: 6, Day: 8, Year: 12	Day of Week FRI	Military Time 1120	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
3	VEHICLE 1 - Driver License ID Number: 825 777 481 Driver Name - exactly as printed on license: ROSE, JADA, L Address (Include Number & Street): 102 Rosalind ST City or Town: Rochester, State: NY, Zip Code: 14619				VEHICLE 2 - Driver License ID Number: 805 720 652 Driver Name - exactly as printed on license: Williams, Norman Address (Include Number & Street): 24 Bance ST City or Town: Rochester, State: NY, Zip Code: 14606					
4	Date of Birth: 10/3/87, Sex: F, Unlicensed: <input checked="" type="checkbox"/> Name - exactly as printed on registration: AUSTIN DIRECT USA Address (Include Number & Street): 6526 STATE ST City or Town: Victor, State: NY, Zip Code: 14564				Date of Birth: 02/10/55, Sex: M, Unlicensed: <input type="checkbox"/> Name - exactly as printed on registration: Same Address (Include Number & Street): City or Town: State: Zip Code:					
5	Plate Number: ESW9256, State of Reg: NY, Vehicle Year & Make: 2008 Nissan, Vehicle Type: 4D, Ins. Code: 480				Plate Number: AM396R, State of Reg: NY, Vehicle Year & Make: 2009 Buick, Vehicle Type: 4D, Ins. Code: 620					
6	Ticket/Arrest Number(s): A05201025EQ Violation Section(s): 509-1				Ticket/Arrest Number(s): Violation Section(s):					
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.	
8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3, 4, 5				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				ACCIDENT DIAGRAM	
9	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Diagram showing vehicle damage coding (1-13) and accident diagram (1-8).				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County: Monroe, City: <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: Rochester Road on which accident occurred: 359 Thornton RD (Route Number or Street Name) at 1) intersecting street: (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of: (Milepost, Nearest intersecting Route Number or Street Name)	
11	Accident Description/Officer's Notes: Driver 1 states that when she went to adjust the stereo, she looked at truck vehicle #2.									

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	57	F								Driver - 1	
B	2	1	4	1	24	M								Driver - 2	
C	2	5	1	1	2	F								Johnson, Arman	
D															
E															
F															

Officer's Rank and Signature: PO Michael Johnson	Badge/ID No.: 1397	NCIC No.: 02701	Precinct/Post Troop/Zone: 52	Station/Beat Sector: west	Reviewing Officer: [Signature]	Date/Time Reviewed: 6/11/12
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

19
26

Local Codes
 12-171933
 FQ7073000117

☐ AMENDED REPORT

1 - Accident Date Month 6 Day 7 Year 2012		Day of Week Thursday		Military Time 20:15		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" 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																													
2 - VEHICLE 1 - Driver License ID Number 277099896						State of Lic. NY		VEHICLE 2 - Driver License ID Number 155762889						State of Lic. NY				21 -											
Driver Name - exactly as printed on license BROWN, CHARLES E						Apt. No.		Driver Name - exactly as printed on license PAIGE, JAHMELL J						Apt. No.															
Address (Include Number and Street) 19 KRON ST						City or Town ROCHESTER State NY Zip Code 14619		Address (Include Number and Street) 174 CALHOUN AVE						City or Town ROCHESTER State NY Zip Code 14606				22 -											
3 1 Date of Birth Month 12 Day 18 Year 1978		Sex M		Unlicensed <input checked="" type="checkbox"/>		No. of Occupants 06		Public Property Damaged <input type="checkbox"/>		Date of Birth Month 8 Day 9 Year 1993		Sex M		Unlicensed <input type="checkbox"/>		No. of Occupants 02		Public Property Damaged <input type="checkbox"/>											
Name - exactly as printed on registration MAJORS, AMBER J						Sex F		Date of Birth Month 5 Day 29 Year 1980		Name - exactly as printed on registration PAIGE, TAMMY M						Sex F		Date of Birth Month 11 Day 15 Year 1967		23 3									
Address (Include Number and Street) 19 KRON ST						Apt. No.		Haz. Mat. Code -		Released <input type="checkbox"/>		Address (Include Number and Street) 174 CALHOUN AVE						Apt. No.		Haz. Mat. Code -		Released <input type="checkbox"/>							
City or Town ROCHESTER State NY Zip Code 14619								City or Town ROCHESTER State NY Zip Code 14606												24 7									
Plate Number GAN2803		State of Reg NY		Vehicle Year & Make 1999 HOND		Vehicle Type SUBN		Ins. Code 639		Plate Number FYJ1563		State of Reg NY		Vehicle Year & Make 1998 NISS		Vehicle Type 4DSD		Ins. Code 183											
5 1 Ticket/Arrest Number(s)						Violation Section(s)						Ticket/Arrest Number(s)						Violation Section(s)						25 3					
6 1 VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						ACIDENT DIAGRAM						See the last page of the MV-104A for the accident diagram.						26 1					
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.						Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No						27 1					
Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes						Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes												14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						28 1					
Reference Marker						Coordinates (if available)						Place Where Accident Occurred:												29 -					
						Latitude/Northing:						County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER																	
						Longitude/Easting:						Road on which accident occurred RAVENWOOD AVE (Route Number or Street Name)																	
												at 1) intersecting street THURSTON RD (Route Number or Street Name)																	
												or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																	
Accident Description/Officer's notes DRIVER OF V1 WAS N/B ON THURSTON RD APPROACHING RAVENWOOD AVE WHEN UNINVOLVED VEHICLE, INFINITI SUBN, WAS HEADED S/B ON THURSTON AND TURNED LEFT ON FRONT OF V1. V1 DID HIT BRAKES AND ATTEMPT TO SWERVE TO AVOID UNINVOLVED VEHICLE AND DID SO, BUT STRUCK V2 WHICH WAS W/B APPROACHING STOP SIGN ON RAVENWOOD. MINOR DAMAGE TO BOTH VEHICLES. DRIVER OF UNINVOLVED VEHICLE CONTINUED E/B ON RAVENWOOD AVE. NO WITNESSES, NO INJURIES.																		30 -											

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	33	M	-	-	-			BROWN, CHARLES E	
B	1	3	4	1	32	F	-	-	-			MAJORS, AMBER J	
C	1	4	4	1	14	M	-	-	-			BROWN III, CHARLES	
D	1	6	4	1	11	M	-	-	-			MAJORS, JORDAN	
E	1	7	4	1	6	F	-	-	-			MAJORS-BROWN, BRIANNA	
F	1	7	4	1	6	F	-	-	-			MAJORS-BROWN, BRIANNA	
Officer's Rank and Signature						Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name Daniel Watson						1980		02701		----	--	Rivers, Jon S	6/8/2012 15:10

USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-171933
FQ7073000117

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20		
	Month	Day	Year	Thursday	20:15	2	0	0	Accident Reconstructed <input type="checkbox"/>						
VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN													21		
2	VEHICLE 1 - Driver					State of Lic.		VEHICLE 2 - Driver						State of Lic.	
	License ID Number							License ID Number							
3	Driver Name - exactly as printed on license					Apt. No.		Driver Name - exactly as printed on license					Apt. No.		
	Address (Include Number and Street)					City or Town		Address (Include Number and Street)					City or Town		
4	Date of Birth					Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth				22	
	Month	Day	Year							Month	Day	Year			
5	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.	City or Town	Address (Include Number and Street)		Apt. No.	City or Town				
6	Plate Number					State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number				24	
	State of Reg.					Vehicle Year & Make	Vehicle Type	Ins. Code	State of Reg.						
7	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)								25	
	Violation Section(s)					Violation Section(s)									
8	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; <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.					<div style="display: flex; justify-content: space-around;"> <div> Rear End </div> <div> Left Turn </div> <div> Right Angle </div> <div> Head On </div> </div>				
9	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					ACCIDENT DIAGRAM				27
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
10	Reference Marker					Coordinates (if available)					Place Where Accident Occurred:				29
	Latitude/Northing:					Longitude/Easting:					County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W				
Accident Description/Officer's notes													30		
USE COVER SHEET N															

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	2	1	4	1	18	M	-	-	-			PAIGE, JAHMELL J	
B	2	3	4	1	21	M	-	-	-			TEASLEY, ERIC	
C													
D													
E													
F													

Officer's Rank and Signature	Officer	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	Daniel Watson	1980	02701	----	--	Rivers, Jon S	6/8/2012 15:10

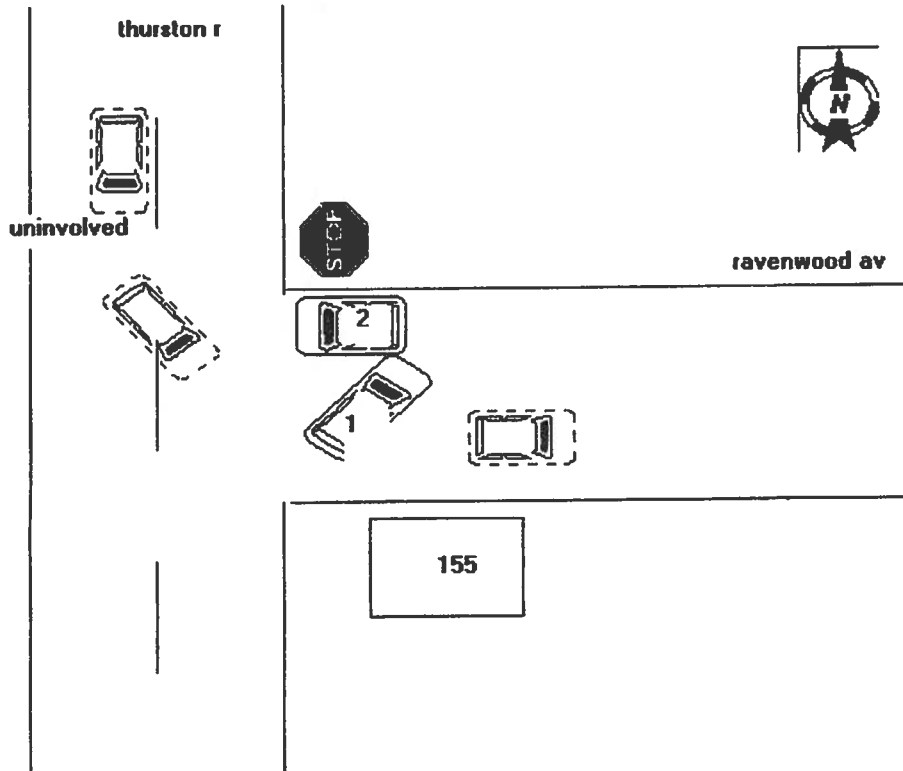
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-171933
FQ7073000117

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
6	7	2012	Thursday	20:15	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-143385☐ AMENDED REPORT

DMV COPY

1 Accident Date Month <u>5</u> Day <u>31</u> Year <u>2012</u>		Day of Week <u>THU</u>		Military Time <u>1350</u>		No. of Vehicles <u>1</u>		No. Injured <u>1</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2 VEHICLE 1 <input type="checkbox"/> VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																	
3 VEHICLE 1 - Driver License ID Number <u>508 092 035</u> State of Lic. <u>NY</u>																	
4 Driver Name - exactly as printed on license <u>LANE, JORETTA, K.</u>																	
Address (Include Number & Street) <u>647 POST AVE</u> Apt. No. <u>—</u>																	
City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>																	
5 Date of Birth Month <u>5</u> Day <u>11</u> Year <u>60</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>																	
Name - exactly as printed on registration <u>LANE, JOSEPHINE, P.</u> Sex <u>F</u> Date of Birth Month <u>10</u> Day <u>23</u> Year <u>38</u>																	
Address (Include Number & Street) <u>109 LEHIGH AVE</u> Apt. No. <u>—</u> Haz. Mat. Code <u>—</u> Released <input type="checkbox"/>																	
City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>																	
6 Plate Number <u>FSZ4051</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>04 FORD</u> Vehicle Type <u>VAN</u> Ins. Code <u>479</u>																	
7 Ticket/Arrest Number(s) <u>—</u>																	
Violation Section(s) <u>—</u>																	
8 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.																	
9 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.																	
10 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																	
11 ACCIDENT DIAGRAM																	
12 Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
13 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																	
14 Place Where Accident Occurred: County <u>MONK</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>424 THURSTON RD.</u> (Route Number or Street Name) at 1) intersecting street <u>ANTHONY ST.</u> (Route Number or Street Name) or 2) <u>200</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>ANTHONY ST.</u> (Milepost, Nearest intersecting Route Number or Street Name)																	
15 Accident Description/Officer's Notes <u>VEH-1 WAS N/A ON THURSTON RD, WHEN AT ABOUT 424 THURSTON RD. ITS FRONT PORTION STRUCK THE BICYCLIST THAT CROSSED IN FRONT OF IT, CAUSING INTURY AND DAMAGE. THE BICYCLIST SAID HE DID NOT SEE THE VEHICLE. OFF-1 SAID THE BICYCLIST WAS GOING SIB IN THE N/A LANE & SUDDENLY TURNED IN FRONT OF HER. THE BICYCLIST SUFFERED FACIAL ABRASIONS/INJ TO LEG. WITNESS CHERYL STANG</u>																	
16 ALL INVOLVED																	
17 Names of all involved <u>585-14619</u>																	
18 OFFICER'S RANK AND SIGNATURE <u>PO J. HOLMES</u> Badge/ID No. <u>0751</u> NCIC No. <u>02701</u> Precinct/Post Troop/Zone <u>W</u> Station/Beat/Sector <u>52</u> Reviewing Office <u>Ag. E. Corrao</u> Date/Time Reviewed <u>6/1/12 1434</u>																	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-149506
FQ7203000038

☐ AMENDED REPORT

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 type="checkbox"/>	20
	Month	Day	Year	Sunday	23:30	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	68
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license LSA, Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants UN Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration LSA, Address (Include Number and Street) Apt. No. City or Town State Zip Code Plate Number UNKNOWN State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license PARKED, Address (Include Number and Street) Apt. No. City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants 00 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration MILTON, THERESA L Address (Include Number and Street) Apt. No. City or Town State Zip Code Plate Number FYJ1315 State of Reg. NY Vehicle Year & Make 1999 BUIC Vehicle Type 4DSD Ins. Code 100 Ticket/Arrest Number(s) Violation Section(s) </div> </div>												
2	<div style="display: flex; justify-content: space-between;"> <div> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed: To: </div> <div> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed: To: </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. See the last page of the MV-104A for the accident diagram. 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 </div> </div>											
3	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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 99 2 Box 2 - Most Damage 99 Enter up to three more damage codes 3 4 5 Vehicle Bv: Towed: To:											
4	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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 12 2 Box 2 - Most Damage 12 Enter up to three more damage codes 3 4 5 Vehicle Bv: Towed: To:											
5	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>586 THURSTON RD</u> at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>10</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S of <u>ROSALIND ST</u> feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)											
6	Accident Description/Officer's notes VEH 2 WAS PARKED IN FRONT OF LOCATION FACING NB. AN UNKNOWN VEH 1 APPARENTLY WAS BACKING UP DUE TO TRAFFIC AND STRUCK VEHICLE AND FLED NB ON THURSTON RD											
7	Officer's Rank and Signature <i>Lisa M LYONS</i> Badge/ID No. 1321 NCIC No. 02701 Precinct/Post Troop/Zone ---- Station/Beat Sector ---- Reviewing Officer Correia, Elena A Date/Time Reviewed 6/1/2012 13:49											

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												

USE COVER SHEET

N

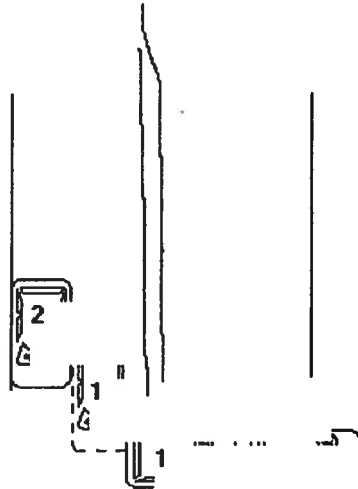
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 12-149506
FQ7203000038

☐ 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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 5	Day 20	Year 2012	Sunday	23:30	2	0	0	Accident Reconstructed <input type="checkbox"/>		

THURSTON ROAD



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-129304
FQ7308000069

☐ AMENDED REPORT

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																											
	Month	Day	Year	Thursday	18:55	2	2	0	Accident Reconstructed <input type="checkbox"/>			X																																																																																											
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Accident Description/Officer's notes (V1) TRAVELING S/B ON THURSTON ROAD. (V2) FACING E/B ATTEMPTED TO MAKE A LEFT TURN ONTO THURSTON ROAD TO HEAD N/B. (V2)'S VIEW WAS OBSTRUCTED BY AN UNK VEHICLE PARKED AT THE N/W CORNER OF THURSTON RD. (V2) DID FAIL TO YIELD (V1)'S RIGHT OF WAY AND WHILE MAKING THE LEFT HAND TURN ACROSS (V1)'S LANE OF TRAFFIC (V1) STRUCK (V2). (P1) IS 4 MONTHS PREGNANT AND WAS TRANSPORTED TO PARK RIDGE HOSPITAL BY RURAL METRO 9139 FOR COMPLAINT OF STOMACH PAIN. (P3) WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO 9399 FOR COMPLAINT OF STOMACH PAIN.												25																																																																																											
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ALL INVOLVED

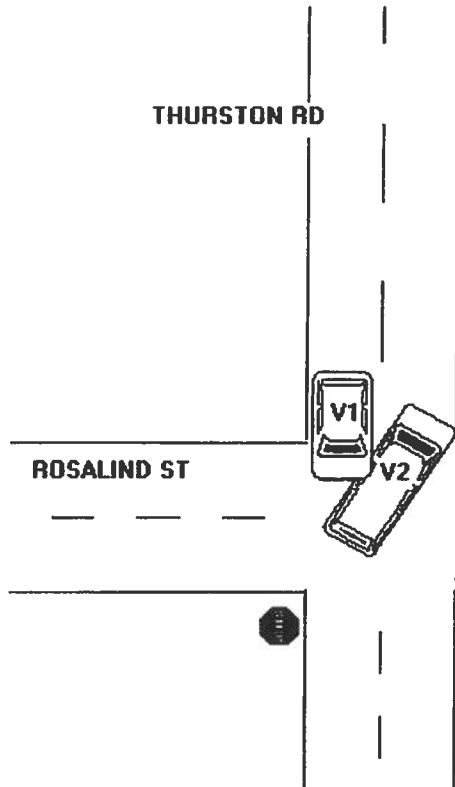
USE COVER SHEET

N

Local Codes
12-129304
FQ7308000069

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
5	3	2012	Thursday	18:55	2	2	0			



Local Codes

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

12-117881

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month Day Year 04 23 12	Day of Week Mon	Military Time 1409	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
2	VEHICLE 1 - Driver License ID Number 466-550-661 Driver Name - exactly as printed on license CHESTER, NICOLE, E. Address (Include Number & Street) 2933 RT. 350 City or Town WALWORTH, NY State 14568				VEHICLE 2 - Driver License ID Number 287-389-830 Driver Name - exactly as printed on license POLIZZI, MICHAEL, L. Address (Include Number & Street) 44 CANNONCROFT LN City or Town ROCHESTER, NY State 14616				
3	Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 10 30 87 F 1				Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged 08 25 83 M 1				
4	Name - exactly as printed on registration CHESTER, ALICE, C Address (Include Number & Street) 2933 RT. 350 City or Town WALWORTH, NY State 14568				Name - exactly as printed on registration (DRIVER) Address (Include Number & Street) City or Town State Zip Code				
5	Plate Number EAE 328 State of Reg. NY Vehicle Year & Make 2007 TOYOTA 4D Ins. Code 011				Plate Number ESP 7278 State of Reg. NY Vehicle Year & Make 2005 HONDA 4D Ins. Code 113				
6	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)				
7	Violation Section(s)				Violation Section(s)				
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9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 Box 2 - Most Damage Enter up to three more Damage Codes 12 4 5				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 3 4 Box 2 - Most Damage Enter up to three more Damage Codes 3 4 5				
10	Vehicle By 453 EAST AVE AUTO Towed To EAST AVE				Vehicle By 453 EAST AVE AUTO Towed To EAST AVE				
11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				9. ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				
12	Reference Marker				Place Where Accident Occurred: County MONROE City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AVENUE at 1) intersecting street THURSTON RD. or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)				
13	Coordinates (if available) Latitude/Northing: Longitude/Easting:				Accident Description/Officer's Notes VEHICLE #1 WAS TRAVELING SOUTHBOUND ON THURSTON RD. APPROACHING THE INTERSECTION AT BROOKS AVE. VEHICLE #2 WAS TRAVELING EASTBOUND ON BROOKS AVE APPROACHING THURSTON RD. AS BOTH WERE APPROACHING THE TRAFFIC LIGHT AT THE INTERSECTION, BOTH VEH #1 & VEH #2 ENTERED THE INTERSECTION. VEH #1'S LEFT FRONT STRUCK VEH #2'S RIGHT FRONT. (W) LORRAINE BARBO, PHONE # 286-6173, OBSERVED THE ACCIDENT AS IT HAPPENED & BELIEVED VEH #1 HAD A RED LIGHT.				
14	8 9 10 11 12 13 14 15 16 17 BY TO 18				Names of all involved Date of Death Only				
15	A 1 1 4 1 24 F - - 6 - -				CHESTER, NICOLE, E. -				
16	B 2 1 4 1 20 M - - 6 - -				POLIZZI, MICHAEL, L. -				
17	C								
18	D								
19	E								
20	F								
21	Officer's Rank and Signature P.O. [Signature]				Badge/ID No. 567 NCIC No. 02701 Precinct/Post Troop/Zone WEST 54 Station/Beat Sector 54 Reviewing Officer Sgt. PAZ 243 Date/Time Reviewed				

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-116977
FQ7171000023

☐ AMENDED REPORT

1	Accident Date Month: 4, Day: 22, Year: 2012	Day of Week Sunday	Military Time 02:30	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/>																																																																																																					
2	VEHICLE 1 - Driver License ID Number: _____ Driver Name - exactly as printed on license: LSA,				VEHICLE 2 - Driver License ID Number: _____ Driver Name - exactly as printed on license: PARKED,				State of Lic.: _____		21																																																																																											
	Address (Include Number and Street): _____ Apt. No.: _____				Address (Include Number and Street): _____ Apt. No.: _____				City or Town: _____ State: _____ Zip Code: _____		22																																																																																											
3	Date of Birth Month: _____ Day: _____ Year: _____				Date of Birth Month: _____ Day: _____ Year: _____				Sex <input type="checkbox"/> Unlicensed <input type="checkbox"/> No. of Occupants: 00 <input type="checkbox"/> Public Property Damaged <input type="checkbox"/>		23																																																																																											
1	Name - exactly as printed on registration: LSA,				Name - exactly as printed on registration: DANG, SANH V				Sex: M Date of Birth Month: 12, Day: 1, Year: 1936		23																																																																																											
4	Address (Include Number and Street): _____ Apt. No.: _____				Address (Include Number and Street): 4 BERKSHIRE CT				City or Town: PENFIELD State: NY Zip Code: 14526		24																																																																																											
4	Plate Number: UNKNOWN State of Reg.: _____ Vehicle Year & Make: _____ Vehicle Type: _____ Ins. Code: _____				Plate Number: DHM3665 State of Reg.: NY Vehicle Year & Make: 2005 JAGU Vehicle Type: 4DSD Ins. Code: 639				Ticket/Arrest Number(s): _____		25																																																																																											
5	Violation Section(s): _____				Violation Section(s): _____				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.		26																																																																																											
6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 99 99 Box 2 - Most Damage: 3 4 5 Enter up to three more damage codes: _____				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2 2 2 Box 2 - Most Damage: 3 4 5 Enter up to three more damage codes: _____				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.		27																																																																																											
7	Vehicle Bv: _____ Towed: To: _____				Vehicle Bv: _____ Towed: To: _____				See the last page of the MV-104A for the accident diagram.		28																																																																																											
1	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. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				Reference Marker: _____ Coordinates (if available): _____		29																																																																																											
	Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred: 542 THURSTON RD at 1) intersecting street: _____ (Route Number or Street Name) or 2) 50 _____ of ENTERPRISE ST (Route Number or Street Name) feet miles <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)				Accident Description/Officer's notes: ON 4/22/01 I RESPONDED TO 95 WESTFIELD ST IN REGARDS TO A DELAYED MVA REPORT OCCURRING IN FRONT OF 542 THURSTON RD. REPORTING PERSON STATES HE PARKED VEHICLE #2 ON THE STREET IN FRONT OF 542 THURSTON RD AT APPROXIMATELY 1930 HRS ON 4/21/12, AND UPON RETURNING TO THE VEHICLE AT 0230 HRS ON 4/22/12, HE FOUND DAMAGE TO THE FRONT BUMPER AND LICENSE PLATE AREA. REPORTER HAD NO INFORMATION ON STRIKING VEHICLE AND DID NOT NOTIFY POLICE AT THAT TIME. AFTER CONTACTING INSURANCE COMPANY, HE WAS ADVISED TO OBTAIN AN MVA REPORT. NO FURTHER INFORMATION ON STRIKING				Names of all involved: _____ Date of Death Only: _____		30																																																																																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> <tr> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>B</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										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													31
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																										
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F																																																																																																						
	Officer's Rank and Signature Print Name: RAFAEL RIVERA In Full: _____				Badge/ID No. 1822				NCIC No. 02701				Precinct/Post Troop/Zone ---				Station/Beat Sector ---				Reviewing Officer Dawley, Stephen J				Date/Time Reviewed 4/22/2012 17:40																																																																													

ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 12-116977
 FQ7171000023

☐ AMENDED REPORT

1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene	Police Photos	20																																																																														
	Month 4	Day 22	Year 2012	Sunday	02:30	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																															
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN </div> </div>																																																																																										
2	VEHICLE 1 - Driver					State of Lic.		VEHICLE 2 - Driver					21																																																																													
	License ID Number							License ID Number																																																																																		
	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)																																																																																		
City or Town					State		Zip Code		City or Town					22																																																																												
Date of Birth					Sex		Unlicensed		No. of Occupants		Public Property Damaged																																																																															
Month Day Year							<input type="checkbox"/>				<input type="checkbox"/>																																																																															
Name - exactly as printed on registration					Sex		Date of Birth		Name - exactly as printed on registration		Sex		23																																																																													
Month Day Year									Month Day Year																																																																																	
Address (Include Number and Street)					Apt. No.		Haz. Mat. Code		Address (Include Number and Street)		Apt. No.																																																																															
City or Town					State		Zip Code		City or Town																																																																																	
Plate Number					State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code		24																																																																													
Ticket/Arrest Number(s)																																																																																										
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.																																																																															
	<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 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes																																																																																				
	Vehicle Bv: Towed: To:					Vehicle Bv: Towed: To:																																																																																				
7	1 2 3 4 5					1 2 3 4 5					ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																															
	14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED					17. DEMOLISHED 18. NO DAMAGE 19. OTHER																																																																																				
	1 2 3 4 5					1 2 3 4 5																																																																																				
	1 2 3 4 5					1 2 3 4 5																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Reference Marker</td> <td colspan="2">Coordinates (if available)</td> <td colspan="10">Place Where Accident Occurred:</td> </tr> <tr> <td></td> <td colspan="2">Latitude/Northing:</td> <td colspan="10">County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____</td> </tr> <tr> <td></td> <td colspan="2">Longitude/Easting:</td> <td colspan="10">Road on which accident occurred _____ (Route Number or Street Name)</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="10">at 1) intersecting street _____ (Route Number or Street Name)</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="10">or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)</td> </tr> <tr> <td></td> <td colspan="2"></td> <td colspan="10">feet miles E W</td> </tr> </table>												Reference Marker	Coordinates (if available)		Place Where Accident Occurred:											Latitude/Northing:		County <u>MONROE</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) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)													feet miles E W										25
Reference Marker	Coordinates (if available)		Place Where Accident Occurred:																																																																																							
	Latitude/Northing:		County <u>MONROE</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)																																																																																							
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			or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)																																																																																							
			feet miles E W																																																																																							
Accident Description/Officer's notes VEHICLE. NO CITY CAMERA IN VICINITY. NO WITNESSES TO ACCIDENT.																																																																																										
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ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only									
Officer's Rank and Signature OFFICER <u>R. R.</u>										Badge/ID No. 1822		NCIC No. 02701		Precinct/Post Troop/Zone ---		Station/Beat Sector --		Reviewing Officer Dawley, Stephen J		Date/Time Reviewed 4/22/2012 17:40	
Print Name in Full <u>RAFAEL RIVERA</u>																					

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-116977
FQ7171000023

☐ **AMENDED REPORT**

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 4	Day 22	Year 2012	Sunday	02:30	2	0	0	Accident Reconstructed <input type="checkbox"/>		

ENTERPRISE ST



THURSTON RD



MIDVALE TER

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-095558
FQ2140000114

☐ AMENDED REPORT

1	Accident Date Month 4 Day 2 Year 2012		Day of Week Monday	Military Time 18:10	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
2	VEHICLE 1 VEHICLE 1 - Driver License ID Number 922554007 Driver Name - exactly as printed on license PEARSON, SHAY R Address (Include Number and Street) 8 MARGARET ST APT 2 City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 5 Day 27 Year 1980 Sex M Unlicensed <input checked="" type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>					VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>					21	
3	Name - exactly as printed on registration MONTALVO, YOLANDA I Sex F Date of Birth Month 9 Day 4 Year 1969 Address (Include Number and Street) 25 QUINCY ST City or Town ROCHESTER State NY Zip Code 14609 Plate Number APF4291 State of Reg NY Vehicle Year & Make 1994 NISS Vehicle Type 4DSD Ins. Code 011					Name - exactly as printed on registration Address (Include Number and Street) City or Town State Zip Code Plate Number State of Reg Vehicle Year & Make Vehicle Type Ins. Code					22	
4	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					23	
5	Violation Section(s)					Violation Section(s)					24	
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: 454 JOHN AND S Towed: To: 454 JOHN AND S VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: Towed: To: ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					25	
7	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:					Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 403 THURSTON RD (Route Number or Street Name) at 1) intersecting street LEHIGH AV (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W					26	
8	Accident Description/Officer's notes V1 WAS W/B ON ANTHONY ST APPROACHING INTERSECTION AT THURSTON ROAD, WHEN DRIVER OF V1 APPARENTLY HAD A SEIZURE. V1 PROCEEDED THROUGH INTERSECTION, AVOIDING ANY ADDITIONAL VEHICLES, BUT DID STRIKE THE CURBING ON THE S/W CORNER OF THURSTON/LEHIGH AND COMING TO REST AGAINST A UTILITY POLE AT THE CORNER. DRIVER OF V1 WAS INCOHERENT AT SCENE OF ACCIDENT AND WAS TRANSPORTED BY RURAL METRO TO STRONG MEMORIAL HOSPITAL. R/O DID FOLLOW UP AT STRONG AND SPOKE WITH DRIVER OF V1 WHO STATES THAT HE IS CURRENTLY ON MEDICATION FOR SEIZURES AND DOESNT											27
9	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only A 1 1 4 1 31 M X X 4 2706 PEARSON, SHAY R B C D E F											28
10	Officer's Rank and Signature Print Name Daniel Watson in Full					Badge/ID No. 1980 NCIC No. 02701		Precinct/Post Troop/Zone Station/Beat Sector		Reviewing Officer Rivers, Jon S Date/Time Reviewed 4/6/2012 22:44		29

ALL INVOLVED

19
1023
725
127
228
1729
11

30

USE COVER SHEET

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☐ AMENDED REPORT

**USE
COVER
SHEET**

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																									

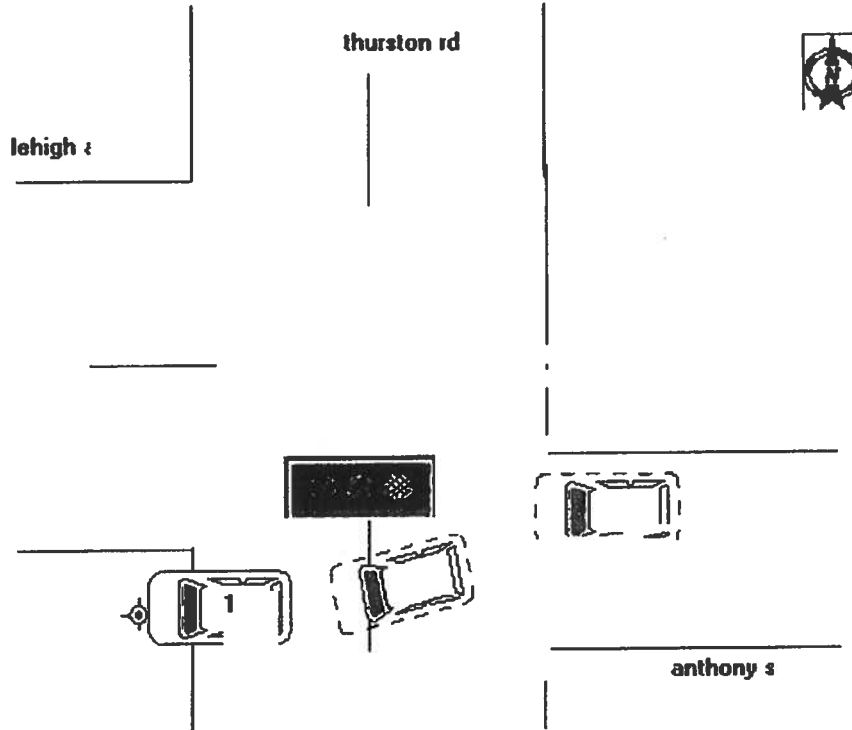
Officer's Rank and Signature Officer <i>D. M.</i>										Badge/ID No. 1980		NCIC No. 02701		Precinct/Post Troop/Zone ----		Station/Beat Sector --		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 4/6/2012 22:44	
Print Name in Full Daniel Watson																					

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 12-095558
FQ2140000114

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 4	Day 2	Year 2012	Monday	18:10	1	1	0	Accident Reconstructed <input type="checkbox"/>		


anthony s

Local Codes

12-85877

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

☐ AMENDED REPORT

1	Accident Date Month <u>3</u> Day <u>24</u> Year <u>12</u>	Day of Week <u>Sat</u>	Military Time <u>1021</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																																																																																																																																																												
2	VEHICLE 1 License ID Number <u>218037517</u> State <u>NY</u>					VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number <u>220303339</u> State <u>NY</u>					21																																																																																																																																																																																																																											
	Driver Name - exactly as printed on license <u>Francois, Contena A.</u> Address (Include Number & Street) <u>89 Durnan St.</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14621</u>					Driver Name - exactly as printed on license <u>Branch, Menwa L.</u> Address (Include Number & Street) <u>636 Stone Rd.</u> City or Town <u>Greece</u> State <u>NY</u> Zip Code <u>14616</u>					22																																																																																																																																																																																																																											
3	Date of Birth <u>2/11/83</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>					Date of Birth <u>4/8/76</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>					23																																																																																																																																																																																																																											
	Name - exactly as printed on registration <u>same as D1</u> Address (Include Number & Street) <u>same as D1</u> City or Town <u>same as D1</u> State <u>same as D1</u> Zip Code <u>same as D1</u>					Name - exactly as printed on registration <u>same as D2</u> Address (Include Number & Street) <u>same as D2</u> City or Town <u>same as D2</u> State <u>same as D2</u> Zip Code <u>same as D2</u>					24																																																																																																																																																																																																																											
4	Plate Number <u>2W68115</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2004 Chev</u> Vehicle Type <u>SUBV</u> Ins. Code <u>626</u>					Plate Number <u>DNB1680</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2006 Mit</u> Vehicle Type <u>4DR</u> Ins. Code <u>672</u>					25																																																																																																																																																																																																																											
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	Accident Description/Officer's Notes <u>D1 states she was backing up to pull out of a parking space across from above location when she observed V2 driving up behind her at the same time. D1 says at that time both vehicles collided. D2 states she was already parked behind D1 when V2 backed into her vehicle causing a crack to V2 front bumper. No damage to V1. No injuries. Witness for D1 Cheyere Purrier. Witness for D2 Sabrina Lamar who was sitting inside V2 at time of accident. V2 was parked in a No parking zone here for corner zone.</u>										32																																																																																																																																																																																																																											
	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>18</th> <th>19</th> <th>20</th> <th>21</th> <th>22</th> <th>23</th> <th>24</th> <th>25</th> <th>26</th> <th>27</th> <th>28</th> <th>29</th> <th>30</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>29</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>35</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>C</td> <td>2</td> <td>2</td> <td>X</td> <td>1</td> <td>35</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	A	1	1	4	1	29	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	B	2	1	4	1	35	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	C	2	2	X	1	35	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	D																															E																																F																																33
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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes 12-085586
FQA050000028

☐ AMENDED REPORT

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 type="checkbox"/>	20																																																																																											
2	Month 3 Day 23 Year 2012	Friday	23:57	1	1	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X																																																																																											
	<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 267235057 Driver Name - exactly as printed on license CLARKE, WINSTON Address (Include Number and Street) 105 ROSALIND ST City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 7 Day 19 Year 1956 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration CLARKE, WINSTON Sex M Date of Birth Month 7 Day 19 Year 1956 Address (Include Number and Street) 105 ROSALIND ST Apt. No. - City or Town ROCHESTER State NY Zip Code 14619 Plate Number FRA9640 State of Reg. NB Vehicle Year & Make 1996 FORD Vehicle Type SUBN Ins. Code 100 Ticket/Arrest Number(s) A1070002FQ A1070010FQ A045007SFQ Violation Section(s) 6002A 1163D 11923 </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 195212783 Driver Name - exactly as printed on license REEVES, RANDELLE M Address (Include Number and Street) 474 FERNWOOD AVE City or Town ROCHESTER State NY Zip Code 14621 Date of Birth Month 4 Day 15 Year 1975 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration REEVES, RANDELLE M Sex M Date of Birth Month 4 Day 15 Year 1975 Address (Include Number and Street) 474 FERNWOOD AVE Apt. No. - City or Town ROCHESTER State NY Zip Code 14621 Plate Number - State of Reg. - Vehicle Year & Make - Vehicle Type PED Ins. Code - Ticket/Arrest Number(s) - Violation Section(s) - </div> </div>																																																																																																				
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7	Accident Description/Officer's notes WITNESSES REPORT THAT P2 WAS SPEAKING TO THE OCCUPANTS OF A PARKED CAR ALONG THE DRIVER SIDE WHEN HE WAS STRUCK BY V1 THAT WAS N/B ON THURSTON RD. V1 LEFT THE SCENE BUT WAS FOLLOWED BY A WITNESS WHO FLAGGED DOWN OFFICERS. P2 WAS TRANSPORTED BY AMBULANCE TO HIGHLAND HOSPITAL WITH LOWER LEG SWELLING AND PAIN ON THE RIGHT SIDE, HE REPORTS BEING PINNED BETWEEN V1 AND THE PARKED CAR. THE DRIVER OF V1 DENIES HITTING P2. A SIDE VIEW MIRROR WAS FOUND ON SCENE THAT MATCHED A MISSING MIRROR FROM V1																																																																																																				
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ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
12-085586
FQA050000028

☐ AMENDED REPORT

1	Accident Date Month <u>3</u> Day <u>23</u> Year <u>2012</u>		Day of Week <u>Friday</u>	Military Time <u>23:57</u>	No. of Vehicles <u>1</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
2	VEHICLE VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				21		
3	Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Month _____ Day _____ Year _____ Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____				Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Month _____ Day _____ Year _____ Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____				22		
4	Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____				23		
5	Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____				Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____				24		
6	Ticket/Arrest Number(s) _____ Violation Section(s) _____				Ticket/Arrest Number(s) _____ Violation Section(s) _____				25		
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9	Accident Description/Officer's notes ADDITIONAL TICKETS FOR DRIVER #1 - A045007TFQ, 11922AA WITNESS #1 - MARVIN COLEY 434 CARTER ST ROCHESTER NY 14621 (585) 351-1602 Ext. WITNESS #2 - CALVIN LATIMER 12 ROSEMARY DR ROCHESTER NY 14621 (585) 305-3910 Ext. WITNESS #3 - LAWRENCE ELSAW 30 PISSFORD ST ROCHESTER NY 14613 (585) 285-0709 Ext.				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				28		
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ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only		
A														
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C														
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Officer's Rank and Signature _____ Print Name _____ in Full _____									Badge/ID No. _____ 2013	NCIC No. _____ 02701	Precinct/Post Troop/Zone _____ ---	Station/Beat Sector _____ --	Reviewing Officer _____ Rodriguez, Juan M	Date/Time Reviewed _____ 3/25/2012 04:32

USE COVER SHEET

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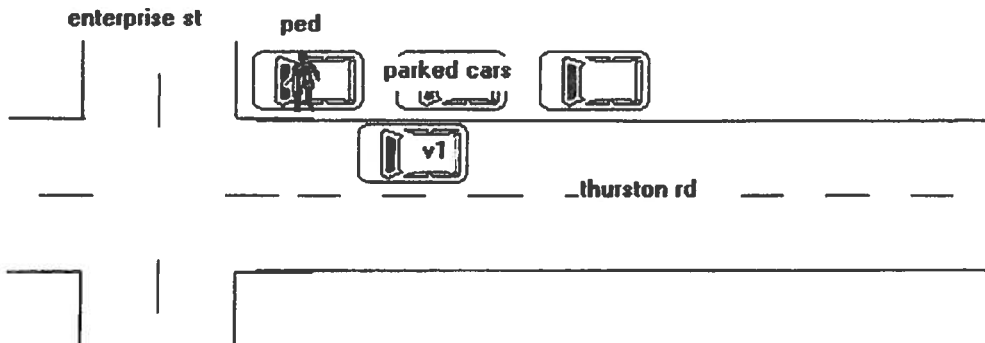
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Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
3	23	2012	Friday	23:57	2	1	0			



Local Codes

12-056587

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

1	Accident Date Month <u>2</u> Day <u>27</u> Year <u>12</u>	Day of Week <u>Monday</u>	Military Time <u>0904</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																																																	
2	VEHICLE 1 Vehicle 1 - Driver License ID Number <u>384 319 675</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>BROWN, ZOLA B</u> Address (Include Number & Street) <u>83 Roslyn St</u> Apt. No. _____ City or Town <u>Rochester, NY</u> State _____ Zip Code <u>14619</u>				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Vehicle 2 - Driver License ID Number <u>878 559 622</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>TURNER, MATTIE P</u> Address (Include Number & Street) <u>75 Greenleaf Meadows</u> Apt. No. _____ City or Town <u>Rochester, NY</u> State _____ Zip Code <u>14612</u>						21																																																																																																																
3	Date of Birth Month <u>2</u> Day <u>23</u> Year <u>1965</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>				Date of Birth Month <u>7</u> Day <u>10</u> Year <u>1945</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>						22																																																																																																																
4	Name - exactly as printed on registration <u>BROWN, ZOLA B</u> Sex <u>F</u> Date of Birth Month <u>2</u> Day <u>23</u> Year <u>65</u> Address (Include Number & Street) <u>83 Roslyn St</u> Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>				Name - exactly as printed on registration <u>TURNER, MATTIE P</u> Sex <u>F</u> Date of Birth Month <u>7</u> Day <u>10</u> Year <u>45</u> Address (Include Number & Street) <u>75 Greenleaf Meadows</u> Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/>						23																																																																																																																
5	City or Town <u>Rochester, NY</u> State _____ Zip Code <u>14619</u>				City or Town <u>Rochester, NY</u> State _____ Zip Code <u>14612</u>						24																																																																																																																
6	Plate Number <u>DLH2923</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2005 Lincoln SUV</u> Vehicle Type <u>100</u> Ins. Code <u>100</u>				Plate Number <u>APG5908</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2009 Chevy</u> Vehicle Type <u>40SD</u> Ins. Code <u>470</u>						25																																																																																																																
7	Ticket/Arrest Number(s) _____				Ticket/Arrest Number(s) _____						26																																																																																																																
8	Violation Section(s) _____				Violation Section(s) _____						27																																																																																																																
9	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.				28																																																																																																														
10	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>1</u> Enter up to three more Damage Codes <u>2</u> <u>4</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>4</u> Box 2 - Most Damage <u>4</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				ACCIDENT DIAGRAM 				29																																																																																																														
11	Vehicle Towed: By <u>CFBO</u> To <u>CFBO</u>				Vehicle Towed: By <u>CFBO</u> To <u>CFBO</u>				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				30																																																																																																														
12	Reference Marker _____ Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____				Place Where Accident Occurred: County <u>Monroe</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred <u>579 Thurston Rd</u> (Route Number or Street Name) at 1) intersecting street <u>Rosalind St</u> (Route Number or Street Name) or 2) _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)								31																																																																																																														
13	Accident Description/Officer's Notes <u>VEH 2 WAS BEING OPERATED Southbound ON Thurston RD When VEH. 1 WAS coming out of the parking Lot OF The YMCA AND struck VEH # 2. This causes a Good Amount OF Damage TO VEH 2 and minor Damage TO VEH 1 NO INJURIES Reported at Scene.</u>										32																																																																																																																
14	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>47</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>BROWN, ZOLA B</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>66</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>Turner, mattie P</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	4	1	47	F	-	-	-	-	-	-	-	BROWN, ZOLA B		B	2	1	4	1	66	F	-	-	-	-	-	-	-	Turner, mattie P		C																D																E																F																33
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15	Officer's Rank and Signature <u>P/O A.K. Brown</u>				Badge/ID No. <u>170</u>				NCIC No. <u>0270</u>				Precinct/Post Troop/Zone <u>West 52</u>				Station/Beat Sector <u>1410</u>				Reviewing Officer <u>A.C. Carreira</u>				Date/Time Reviewed <u>2/27/12</u>																																																																																																		

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-048067
FQ7215000127

☐ AMENDED REPORT

1	Accident Date Month: 2 Day: 18 Year: 2012	Day of Week Saturday	Military Time 01:48	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 18	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 Driver Name: LSA Address: [blank] City/Town: [blank] State: [blank] Zip Code: [blank] </div> <div style="width: 48%;"> VEHICLE 2 Driver Name: MCGILL, BRENT E Address: 974 ARNETT BLVD City/Town: ROCHESTER State: NY Zip Code: 14619 </div> </div>											20
2	Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: UN Public Property Damaged: <input type="checkbox"/>										21
3	Date of Birth: [blank] Sex: M Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 01 Public Property Damaged: <input type="checkbox"/>										22
4	Name: LSA, Sex: [blank] Date of Birth: [blank] Address: [blank] City/Town: ROCHESTER State: NY Zip Code: 14619										23
5	Name: MCGILL, APRIL L Sex: F Date of Birth: 3/26/1968 Address: 974 ARNETT BLVD City/Town: ROCHESTER State: NY Zip Code: 14619										24
6	Plate Number: UNKNOWN State of Reg: [blank] Vehicle Year & Make: [blank] Vehicle Type: [blank] Ins. Code: 100										25
7	Ticket/Arrest Number(s): [blank] Violation Section(s): [blank]										26
8	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.										27
9	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.										28
10	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.										29
11	See the last page of the MV-104A for the accident diagram.										30
12	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										31
13	Reference Marker: [blank] Coordinates (if available): [blank]										32
14	Place Where Accident Occurred: County: MONROE City: [blank] Village: [blank] Town: ROCHESTER										33
15	Road on which accident occurred: 1 ROSALIND ST (Route Number or Street Name)										34
16	at 1) intersecting street: THURSTON RD (Route Number or Street Name)										35
17	or 2) [blank] of [blank] (Milepost, Nearest intersecting Route Number or Street Name)										36
18	Accident Description/Officer's notes: V2 WAS E/B ON ROSALIND ST AND WAS STOPPED AT THE STOP SIGN AT THE INTERSECTION OF ROSALIND ST/THURSTON RD. V1 WAS TRAVELLING S/B ON THURSTON RD AND ATTEMPTED TO MAKE A RIGHT HAND TURN ON ROSALIND ST. V1 MADE TOO WIDE OF A TURN AND STRUCK V2 ON THE LEFT SIDE DOOR WITH THE LEFT FRONT OF HIS VEHICLE. V1 CONTINUED W/B ON ROSALIND ST AND LEFT THE SCENE. V2 WAS NOT ABLE TO GET A LICENSE PLATE NUMBER AND DESCRIBED V1 AS A WHITE 4D SEDAN POSSIBLY AN ACURA.										37

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	2	1	4	1	23	M	-	-	-			MCGILL, BRENT E	
B													
C													
D													
E													
F													

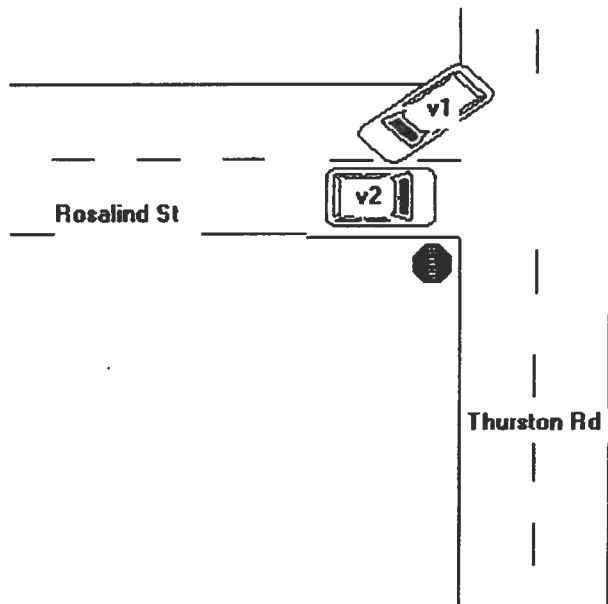
Officer's Rank and Signature: <i>Shane Disanto</i>	Badge/ID No.: 2031	NCIC No.: 02701	Precinct/Post Troop/Zone: --	Station/Beat Sector: -	Reviewing Officer: Rodriguez, Juan M	Date/Time Reviewed: 2/22/2012 04:44
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-048067
FQ7215000127

☐ 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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
2	18	2012	Saturday	01:48	2	0	0			



POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes

13-053852

FQA459000014

☐ AMENDED REPORT

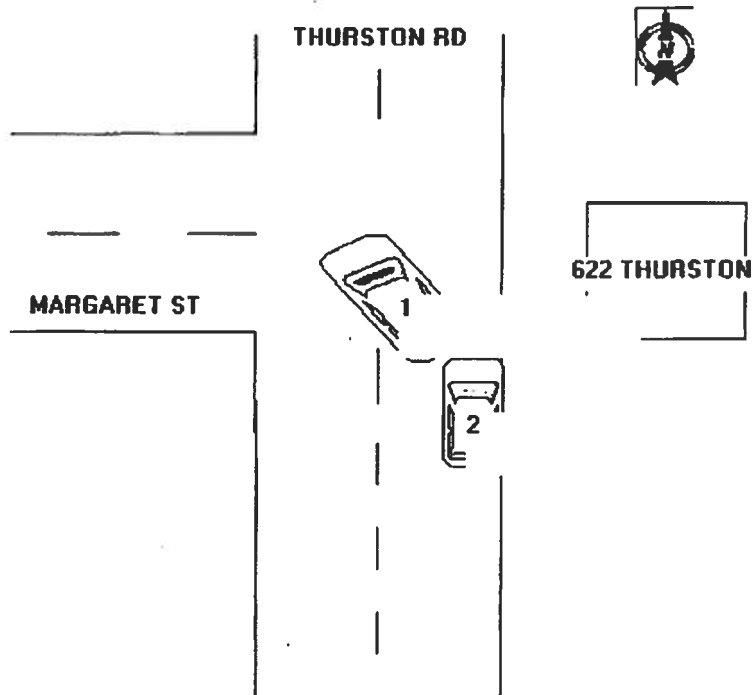
1		Accident Date		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19 3
		Month 2 Day 27 Year 2013		Wednesday		19:28		2		0		0		Accident Reconstructed <input type="checkbox"/>						20
		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 355135228 Driver Name - exactly as printed on license SIPLIN, ERICKA N Address (Include Number and Street) 20 HERTEL ST City or Town ROCHESTER State NY Zip Code 14611 Date of Birth Month 12 Day 4 Year 1973 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration SIPLIN, ERICKA N Sex F Date of Birth Month 12 Day 4 Year 1973 Address (Include Number and Street) 211 DEPEW ST Apt. No. City or Town ROCHESTER State NY Zip Code 14611 Plate Number FYJ1577 State of Reg. NY Vehicle Year & Make 2010 DODG Vehicle Type 4DSD Ins. Code 113 Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license PARKED, Address (Include Number and Street) City or Town State Zip Code Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants 00 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration STUBBS, LEONARD Sex M Date of Birth Month 11 Day 15 Year 1955 Address (Include Number and Street) 88 RADIO ST DOWN Apt. No. City or Town ROCHESTER State NY Zip Code 14621 Plate Number EUP5642 State of Reg. NY Vehicle Year & Make 2008 HYUN Vehicle Type 4DSD Ins. Code Ticket/Arrest Number(s) Violation Section(s) </div> </div>																		
2		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 8 1 8 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: Toward: To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 1 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes Vehicle Bv: Toward: To: </div> </div>																		21
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17		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div> </div> </div>																		36
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62		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div> </div> </div>																		81
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
13-053852
FQA459000014

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 27	Year 2013	Wednesday	19:28	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 13-053396
 FQA126000068

☐ AMENDED REPORT

1 - Month 2		Day 27		Year 2013		Day of Week Wednesday		Military Time 10:19		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20 66																																																																																											
VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																						21																																																																																											
2 - Vehicle 1 - Driver License ID Number 253449152										State of Lic. NY		Vehicle 2 Driver License ID Number 787233847										State of Lic. NY		21																																																																																									
Driver Name - exactly as printed on license CROSS, HANS S										Driver Name - exactly as printed on license GRAHAM, LARENE												4																																																																																											
Address (Include Number and Street) 125 ST PAUL ST										Apt. No.		Address (Include Number and Street) PO BOX 19861										Apt. No.		22																																																																																									
City or Town ROCHESTER										State NY		City or Town ROCHESTER										State NY		7																																																																																									
Date of Birth Month 3 Day 14 Year 1976										Sex M		Unlicensed <input checked="" type="checkbox"/>		No. of Occupants 01		Public Property Damaged <input type="checkbox"/>		Date of Birth Month 4 Day 26 Year 1967										Sex F		Unlicensed <input type="checkbox"/>		No. of Occupants 01		Public Property Damaged <input type="checkbox"/>		23																																																																													
Name - exactly as printed on registration SCALES, SHENA M										Sex F		Date of Birth Month 2 Day 17 Year 1986		Name - exactly as printed on registration GRAHAM, LARENE										Sex F		Date of Birth Month 4 Day 26 Year 1967		23																																																																																					
Address (Include Number and Street) 90 RAMONA PARK										Apt. No.		Haz. Mat. Code -		Released <input type="checkbox"/>		Address (Include Number and Street) PO BOX 19861										Apt. No.		Haz. Mat. Code -		Released <input type="checkbox"/>		24																																																																																	
City or Town ROCHESTER										State NY		City or Town ROCHESTER										State NY		5																																																																																									
Plate Number EVR4839		State of Reg. NY		Vehicle Year & Make 1999 DODG		Vehicle Type SUBN		Ins. Code 999		Plate Number FYB5805		State of Reg. NY		Vehicle Year & Make 2006 AMGN		Vehicle Type SUBN		Ins. Code 100		25																																																																																													
5 1 Ticket/Arrest Number(s)																						25																																																																																											
Violation Section(s)																						1																																																																																											
Check If Involved vehicle is. <input type="checkbox"/> more than 85 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 85 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																																																																																											
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes										ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.		27																																																																																											
Vehicle Bv: Towed To:										Vehicle Bv: Towed To:										Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		28																																																																																											
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Reference Marker		Coordinates (if available)		Place Where Accident Occurred:																		29																																																																																											
		Latitude/Northing:		County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER																		-																																																																																											
		Longitude/Easting:		Road on which accident occurred 511 THURSTON RD (Route Number or Street Name)																		-																																																																																											
				at 1) intersecting street 50 N S of SAWYER ST (Route Number or Street Name)																		-																																																																																											
				or 2) 50 feet miles E W of SAWYER ST (Milepost, Nearest intersecting Route Number or Street Name)																		-																																																																																											
Accident Description/Officer's notes VEHICLE #1 TRAVELING SOUTHBOUND ON THURSTON RD, DID STRIKE VEHICLE #2 AS VEHICLE #2 WAS PULLING FROM THE CURB FROM A PARKED POSITION. OPERATOR #1 DID NOT HAVE A VALID DRIVER'S LICENSE AND IS CURRENTLY REVOKED FROM OPERATING A MOTOR VEHICLE IN NYS. CITATIONS ISSUED. VEHICLE #2 CURRENTLY HAD A SUSPENDED REGISTRATION FOR NO INSURANCE IN EFFECT. MRS. KAMEISHA M ROBY ARRIVED WITH AN INSURANCE CARD LISTING VEHICLE #2 AS INSURED AS OF 2/23/13 AND EXPIRING 4/24/13. SHE STATED SHE HAD JUST LEFT FROM GREECE, WHERE SHE WAS IN THE PROCESS OF																						30																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>36</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>CROSS, HANS S</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>45</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>GRAHAM, LARENE</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>																						8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only	A	1	1	4	1	36	M	-	-	-		CROSS, HANS S		B	2	1	4	1	45	F	-	-	-		GRAHAM, LARENE		C													D													E													F													USE COVER SHEET
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																																					
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Officer's Rank and Signature OFFICER R. R.										Badge/ID No. 1822		NCIC No. 02701		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer Dawley, Stephen J		Date/Time Reviewed 3/9/2013 11:03																																																																																													
Print Name RAFAEL RIVERA																																																																																																																	

ALL INVOLVED

N

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-053396
FQA126000068

☐ AMENDED REPORT

1 Accident Date Month: 2, Day: 27, Year: 2013		Day of Week: Wednesday		Military Time: 10:19		No. of Vehicles: 2		No. Injured: 0		No. Killed: 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																	
2																	
VEHICLE 1 - Driver License ID Number: [REDACTED] State of Lic.: [REDACTED] Driver Name - exactly as printed on license: [REDACTED] Apt. No.: [REDACTED] Address (Include Number and Street): [REDACTED] City or Town: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Date of Birth: [REDACTED] Sex: [REDACTED] Unlicensed: <input type="checkbox"/> No. of Occupants: [REDACTED] Public Property Damaged: <input type="checkbox"/> Name - exactly as printed on registration: [REDACTED] Sex: [REDACTED] Date of Birth: [REDACTED] Month: [REDACTED] Day: [REDACTED] Year: [REDACTED] Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] Haz. Mat. Code: [REDACTED] Released: <input type="checkbox"/> City or Town: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Plate Number: [REDACTED] State of Reg.: [REDACTED] Vehicle Year & Make: [REDACTED] Vehicle Type: [REDACTED] Ins. Code: [REDACTED] Ticket/Arrest Number(s): [REDACTED] Violation Section(s): [REDACTED]																	
3																	
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. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED] Vehicle Bv. Towed To: [REDACTED]																	
4																	
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. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED] Vehicle Bv. Towed To: [REDACTED]																	
5																	
Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.																	
6																	
ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No																	
7																	
Reference Marker: [REDACTED] Coordinates (if available): [REDACTED] Latitude/Northing: [REDACTED] Longitude/Easting: [REDACTED] Place Where Accident Occurred: County: MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of [REDACTED] Road on which accident occurred: [REDACTED] (Route Number or Street Name) at 1) intersecting street: [REDACTED] (Route Number or Street Name) or 2) [REDACTED] N S of [REDACTED] E W (Milepost, Nearest intersecting Route Number or Street Name) Accident Description/Officer's notes: GETTING VEHICLE REGISTERED. VEHICLE #2 WAS IMPOUNDED AND TOWED TO THE POUND.																	
8																	

ALL INVOLVED

Names of all involved																	Date of Death Only				
8	9	10	11	12	13	14	15	16	17 BY	TO 18											
A																					
B																					
C																					
D																					
E																					
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Officer's Rank and Signature: OFFICER R. R.										Badge/ID No.: 1822		NCIC No.: 02701		Precinct/Post Troop/Zone: ---		Station/Beat Sector: ---		Reviewing Officer: Dawley, Stephen J		Date/Time Reviewed: 3/9/2013 11:03	
Print Name: RAFAEL RIVERA																					

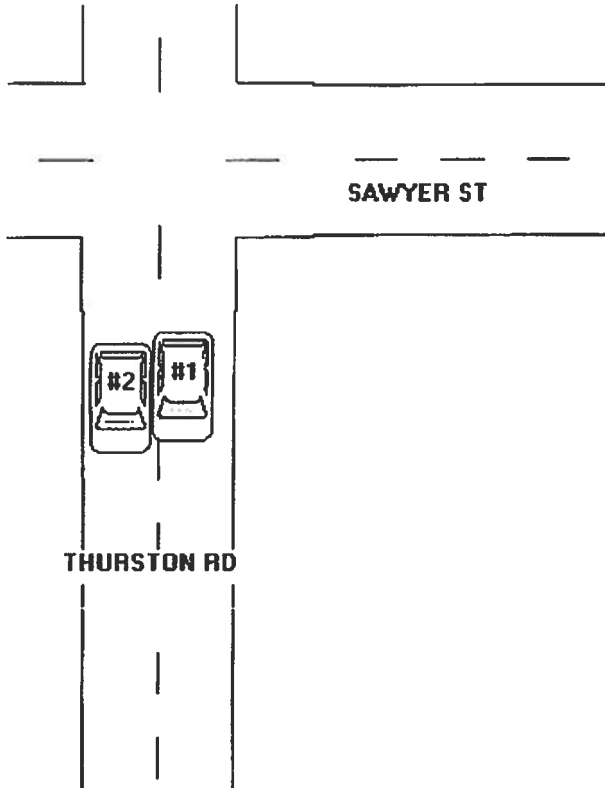
USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-053396
FQA126000068

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
2	27	2013	Wednesday	10:19	2	0	0			



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes 13-052758
FQ7256000214

☐ AMENDED REPORT

1 Accident Date Month 2 Day 26 Year 2013		Day of Week Tuesday		Military Time 16:55		No. of Vehicles 2		No. Injured 1		No. Killed 0		Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		20 69																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 VEHICLE 1 - Driver License ID Number 177319853 Driver Name - exactly as printed on license BRINGHURST, TREVOR Address (Include Number and Street) 1823 RED MOUNTAIN DR City or Town SANTA CLARA State UT Zip Code 84765 Date of Birth Month 4 Day 9 Year 1992 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration CORP: PRS: BSHP: CHRCH: OF: , Sex C Date of Birth Month Year Address (Include Number and Street) 460 KREAG RD Apt. No. Haz. Mat. Code Released City or Town PITTSFORD State NY Zip Code 14534 Plate Number FWJ1882 State of Reg. NY Vehicle Year & Make 2012 SUBA Vehicle Type 4DSD Ins. Code 228 Ticket/Arrest Number(s) Violation Section(s) </div> <div style="width: 48%;"> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 707145149 Driver Name - exactly as printed on license ANCHUNDA, RUBEN Address (Include Number and Street) PO BOX 60393 City or Town ROCHESTER State NY Zip Code 14606 Date of Birth Month 9 Day 5 Year 1951 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration ANCHUNDA, RUBEN Sex M Date of Birth Month 9 Day 5 Year 1951 Address (Include Number and Street) PO BOX 60393 Apt. No. Haz. Mat. Code Released City or Town ROCHESTER State NY Zip Code 14606 Plate Number AWE2897 State of Reg. NY Vehicle Year & Make 2011 MITS Vehicle Type 4DSD Ins. Code 639 Ticket/Arrest Number(s) Violation Section(s) </div> </div>																21 -																																																																																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 Box 2 - Most Damage 1 Enter up to three more damage codes 6 12 5 Vehicle Dr. Towed To: VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> <div style="width: 48%;"> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 6 Box 2 - Most Damage 7 Enter up to three more damage codes 3 4 5 Vehicle Dr. Towed To: 454 JOHN & SON Vehicle Dr. Towed To: 454 JOHN & SON </div> </div>																22 -																																																																																											
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<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: </div> <div style="width: 48%;"> Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 515 THURSTON AVE (Route Number or Street Name) at 1) intersecting street HILLENDALE ST (Route Number or Street Name) or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name) </div> </div>																25 3																																																																																											
Accident Description/Officer's notes VI WAS TRAVELING EASTBOUND ON HILLENDALE AND CAME TO THE INTERSECTION OF THURSTON RD. V1 THEN BEGAN TO MAKE A LEFT HAND TURN ONTO THURSTON. V2 WAS TRAVELING SOUTHBOUND ON THURSTON RD. V1 THEN STRUCK V2. THE DRIVER OF V1 DID HAVE AN OBSTRUCTED VIEW DUE TO CARS PARKED ALONG THE WEST SIDE OF THURSTON RD BLOCKING THE VIEW. THE DRIVER OF V2 COMPLAINED OF CHEST PAIN AND WAS TAKEN TO PARKRIDGE HOSPITAL FOR EVALUATION BY RURAL METRO RIG #918. VI WAS TOWED BY 454 JOHN AND SONS COLLISION.																26 1																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all Involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>3</td> <td>1</td> <td>20</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>BRINGHURST, TREVOR</td> <td></td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>3</td> <td>1</td> <td>19</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>HOWARD, KYLE</td> <td></td> </tr> <tr> <td>C</td> <td>2</td> <td>1</td> <td>3</td> <td>1</td> <td>61</td> <td>M</td> <td>05</td> <td>12</td> <td>6</td> <td>RURAL M 2703</td> <td>ANCHUNDA, RUBEN</td> <td></td> </tr> <tr> <td>D</td> <td>2</td> <td>3</td> <td>3</td> <td>1</td> <td>17</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>JAMES, CAMERON</td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>																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	20	M	-	-	-		BRINGHURST, TREVOR		B	1	3	3	1	19	M	-	-	-		HOWARD, KYLE		C	2	1	3	1	61	M	05	12	6	RURAL M 2703	ANCHUNDA, RUBEN		D	2	3	3	1	17	M	-	-	-		JAMES, CAMERON		E													F													27 1
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Officer's Rank and Signature OFFICER <i>Jason Prinzi</i> Print Name Jason PRINZI In Full																28 1																																																																																											
Badge/ID No. 2140 NCIC No. 02701 Precinct/Post Troop/Zone WEST Station/Beat Sector WEST Reviewing Officer Rivers, Jon S Date/Time Reviewed 2/27/2013 16:13																29 -																																																																																											

ALL INVOLVED

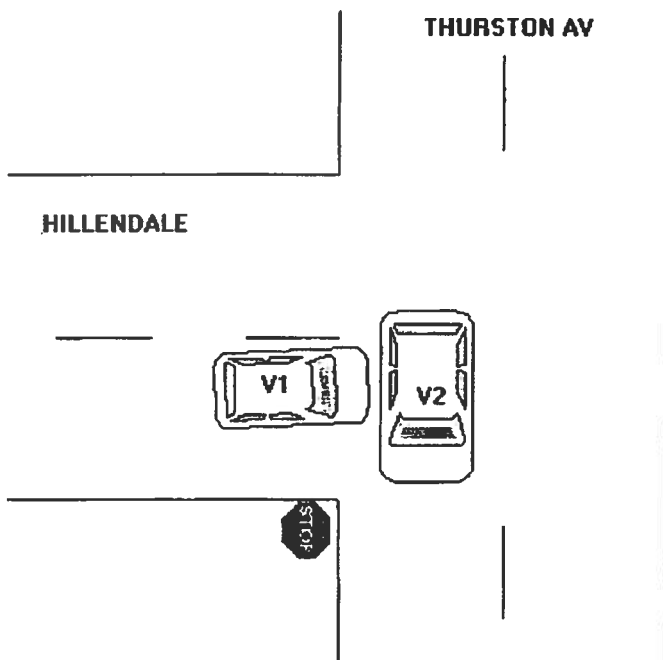
USE COVER SHEET

N

Local Codes 13-052758
FQ7256000214

POLICE ACCIDENT REPORT
MV-104A (3/04)☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 26	Year 2013	Tuesday	16:55	2	1	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

☐ AMENDED REPORT

1	Accident Date Month <u>2</u> Day <u>24</u> Year <u>2013</u>	Day of Week <u>Sunday</u>	Military Time <u>16:33</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 4																																																																																																																		
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2	VEHICLE 1 - Driver License ID Number <u>719668693</u>				State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>419813789</u>				State of Lic. <u>NY</u>		21																																																																																																													
Driver Name - exactly as printed on license <u>RIVERS, DARNELL R</u>										Driver Name - exactly as printed on license <u>SMITH, DESIREE S</u>										-																																																																																																								
Address (Include Number and Street) <u>934 S PLYMOUTH AVE</u>										Address (Include Number and Street) <u>45 SULLIVAN ST</u>										22																																																																																																								
City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>										City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14605</u>										-																																																																																																								
3	Date of Birth Month <u>8</u> Day <u>24</u> Year <u>1986</u>		Sex <u>M</u>	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants <u>01</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>5</u> Day <u>30</u> Year <u>1985</u>		Sex <u>F</u>	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants <u>02</u>	Public Property Damaged <input type="checkbox"/>			23																																																																																																													
Name - exactly as printed on registration <u>ROSEBOROUGH, SHAUNEE S</u>										Name - exactly as printed on registration <u>WASHINGTON, SANDRA V</u>										7																																																																																																								
Address (Include Number and Street) <u>354 RAVENWOOD AVE</u>										Address (Include Number and Street) <u>44 ENTERPRISE ST</u>										24																																																																																																								
City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>										City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>										1																																																																																																								
Plate Number <u>GCN7156</u>		State of Reg. <u>NY</u>	Vehicle Year & Make <u>2008 KIA</u>		Vehicle Type <u>4DSD</u>	Ins. Code <u>639</u>	Plate Number <u>EPL2206</u>		State of Reg. <u>NY</u>	Vehicle Year & Make <u>1999 MERC</u>		Vehicle Type <u>2DSD</u>	Ins. Code <u>100</u>																																																																																																															
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Accident Description/Officer's notes DRIVER OF V2 STATED SHE WAS DRIVING NORTH ON THURSTON ROAD WHEN SHE SAW V1 STARTING TO PULL OUT OF THE PARKING LOT OF 504 THURSTON ROAD AND START TO PULL INTO TRAFFIC.. DRIVER OF V2 STATED TO STARTED TO SLOW DOWN BECAUSE SHE DID NOT WANT V1 TO HIT HER. DRIVER OF V2 STATED THE MALE DRIVER IN V1 THEN HIT HER CAR AND THEN BACKED INTO THE PARKING LOT AND DROVE EAST ONTO SAWYER ST. V2 FRONT LICENSE PLATE WAS LEFT AT THE SCENE. DRIVER OF V2 AND HER SON WERE NOT INJURED HAD DAMAGE TO THE RIGHT SIDE OF THE FRONT BUMPER AND FENDER. DURING MY																										30																																																																																																		
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	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only																																																																																																															
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Officer's Rank and Signature <u>PO K. Maer</u>										Badge/ID No. <u>2091</u>		NCIC No. <u>02701</u>		Precinct/Post Troop/Zone <u>WW</u>		Station/Beat Sector <u>52</u>		Reviewing Officer <u>Rivers, Jon S</u>		Date/Time Reviewed <u>2/24/2013 21:38</u>																																																																																																								

ALL INVOLVED

USE COVER SHEET

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

☐ AMENDED REPORT

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20																																																																																											
	Month 2	Day 24	Year 2013	Sunday	16:33	2	0	0	Accident Reconstructed <input type="checkbox"/>																																																																																														
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Address (Include Number and Street)					Apt. No.		Address (Include Number and Street)					Apt. No.																																																																																											
City or Town					State		Zip Code		City or Town					State		Zip Code	22																																																																																						
3	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	23																																																																																										
	Month	Day	Year	<input type="checkbox"/>		<input type="checkbox"/>	Month	Day	Year	<input type="checkbox"/>		<input type="checkbox"/>																																																																																											
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		Latitude/Northing:		County <u>MONROE</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) _____ N S of _____ (Route Number or Street Name)																																																																																																			
				_____ feet _____ miles E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																																																																																																			
Accident Description/Officer's notes INVESTIGATION OF THIS MVA THE OWNER OF V1 CALLED 911 TO REPORT A HIT AND RUN. THE OWNER OF THE CAR, SHAUNEE ROSEBOROUGH STATED A CAR HIT HER ON THURSTON ROAD AND THEN DROVE OFF. THE OWNER OF THE CAR STATED SHE WAS DRIVING THE CAR WITH HER 2 SONS IN IT WHEN SHE WAS HIT. AFTER ASKING THE OWNER OF V1 MORE QUESTIONS SHE ADMITTED HER BOY FRIEND DARNELL RIVERS WAS DRIVING THE CAR AND HE HIT V2 AND DROVE OFF. THE OWNER OF V1 STATED THE DRIVER OF V1 DROVE OFF BECAUSE HE DOES NOT HAVE A VALID NY STATED DRIVERS LICENCE. THE DRIVER OF V1 WAS NOT												30																																																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>												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													31
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only																																																																																											
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Officer's Rank and Signature				Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer		Date/Time Reviewed																																																																																									
Print Name in Full				2091		02701		WW		52		Rivers, Jon S		2/24/2013 21:38																																																																																									

ALL INVOLVED

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes 13-050956
FQ7237000139

☐ AMENDED REPORT

1	Accident Date Month 2 Day 24 Year 2013	Day of Week Sunday	Military Time 16:33	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
2	VEHICLE VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____				VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____				21		
3	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.		22
4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		23
5	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER				Reference Marker Coordinates (If available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) Intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles _____ N _____ S _____ E _____ W _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)		24
6	Accident Description/Officer's notes WITH THE OWNER WHEN R/O SPOKE WITH HER. THE OWNER OF V1 WAS GIVEN A TICKET FOR KNOWING HER BOYFRIEND WAS DRIVING HER CAR WITHOUT A VALID NY STATE LICENCE. WHEN R/O WENT TO SPEEK WITH THE OWNER OF V1 ABOUT THE HIT AND RUN SHE WAS ON THE PHONE WITH HER INSURANCE COMPANY. R/O HEARD HER TELLING THEM A GREEN CAR HIT HER ON THURSTON ROAD AND RAVENWOOD AVE AND THEN DROVE OFF. R/O TOLD THE OWNER OF V1 SHE NEEDED TO CALL BACK HER INSURANCE COMPANY AND TELL THEM THE TRUTH. THE DRIVER OF V1 WAS NOT INJURED. V1 HAD DAMAGE TO THE FRONT CENTER OF THE CAR.										25

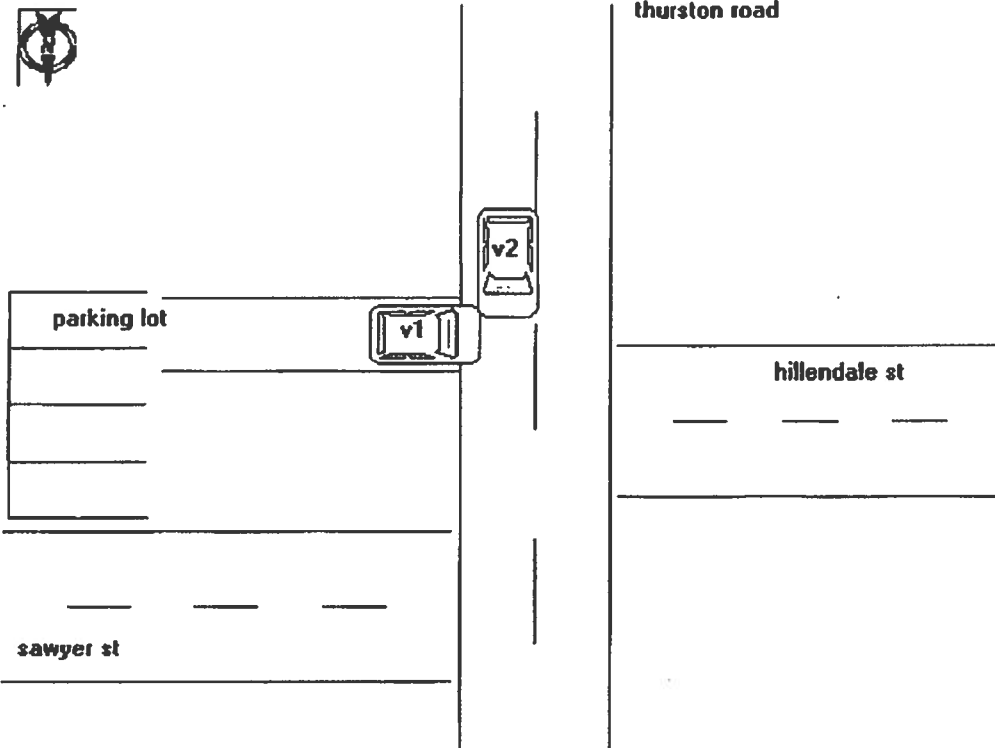
ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													
Officer's Rank and Signature PO <i>K. Mael</i>		Badge/ID No. 2091		NCIC No. 02701		Precinct/Post Troop/Zone WW		Station/Beat Sector 52		Reviewing Officer Rivers, Jon S		Date/Time Reviewed 2/24/2013 21:38	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

☐ **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 <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
2	24	2013	Sunday	16:33	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
13-050150
FQA382000021

☐ AMENDED REPORT

1		Accident Date		Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
-		Month 2	Day 23	Year 2013	Saturday	19:09	2	4	0	Accident Reconstructed <input type="checkbox"/>		-
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 571216884 Driver Name - exactly as printed on license STERN, SANDER Address (Include Number and Street) 135 FRENCH CREEK DR City or Town ROCHESTER State NY Zip Code 14618 Date of Birth Month 7 Day 26 Year 1943 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration PV HOLDING CORP. Address (Include Number and Street) 8600 HANGER BLVD City or Town ORLANDO State FL Zip Code 32827 Plate Number U690CJ State of Reg. NY Vehicle Year & Make 2013 MAZD Vehicle Type 4DSD Ins. Code 997 Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 VEHICLE 2 - Driver License ID Number 553495593 Driver Name - exactly as printed on license MIKEL, TYSHARA S Address (Include Number and Street) 111 VERMONT STREET City or Town ROCHESTER State NY Zip Code 14609 Date of Birth Month 7 Day 14 Year 1976 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 03 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration MIKEL, TYSHARA S Address (Include Number and Street) 111 VERMONT STREET City or Town ROCHESTER State NY Zip Code 14609 Plate Number GES6172 State of Reg. NY Vehicle Year & Make 2005 CHEV Vehicle Type SUBN Ins. Code 626 Ticket/Arrest Number(s) Violation Section(s) </div> </div>												
2		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										21
3		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										22
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5		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										24
6		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										25
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8		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										27
9		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										28
10		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										29
11		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										30
12		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										USE COVER SHEET
13		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To: </div> <div> VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER </div> </div>										N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	4	1	69	M	04	12	6	9999	2706	STERN, SANDER	
B	2	1	4	1	36	F	04	12	6	9999	2706	MIKEL, TYSHARA S	
C	2	3	4	1	34	F	04	12	6	9999	2706	KIRKLAND, SHAWNESSE	
D	2	4	4	1	15	F	02	04	6	9999	2706	JOHNSON, RAVEN	
E													
F													
Officer's Rank and Signature OFFICER <i>[Signature]</i> Print Name EDWARD FRATANGELO In Full													
Badge/ID No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer		Date/Time Reviewed			
1745		02701		----		--		Rivers, Jon S		2/24/2013 21:32			

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes 13-036427
FOA126000057

☐ AMENDED REPORT

1	Accident Date Month <u>2</u> Day <u>8</u> Year <u>2013</u>	Day of Week <u>Friday</u>	Military Time <u>13:42</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" 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																														
2	VEHICLE 1 - Driver License ID Number <u>316928857</u>				State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>740809901</u>				State of Lic. <u>NY</u>		21																
	Driver Name - exactly as printed on license <u>BROOKS, MONTOYA T</u>				Driver Name - exactly as printed on license <u>CRUZ, CARMEN M</u>								22																		
	Address (Include Number and Street) <u>377 POST AVE</u>				Address (Include Number and Street) <u>31 STANFIELD TER</u>								23																		
	City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>				City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>								24																		
3	Date of Birth Month <u>5</u> Day <u>15</u> Year <u>1980</u>		Sex <u>F</u>		Unlicensed <input type="checkbox"/>		No. of Occupants <u>01</u>		Public Property Damaged <input type="checkbox"/>		Date of Birth Month <u>11</u> Day <u>7</u> Year <u>1978</u>		Sex <u>F</u>		Unlicensed <input type="checkbox"/>		No. of Occupants <u>01</u>		Public Property Damaged <input type="checkbox"/>		25										
2	Name - exactly as printed on registration <u>BROOKS, MONTOYA T</u>				Name - exactly as printed on registration <u>CRUZ, CARMEN M</u>								26																		
	Address (Include Number and Street) <u>377 POST AVE</u>				Address (Include Number and Street) <u>31 STANFIELD TER</u>								27																		
4	City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>				City or Town <u>ROCHESTER</u> State <u>NY</u> Zip Code <u>14619</u>								28																		
5	Plate Number <u>EKV8749</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2008 SAA</u>		Vehicle Type <u>SUBN</u>		Ins. Code <u>100</u>		Plate Number <u>DSL4987</u>		State of Reg. <u>NY</u>		Vehicle Year & Make <u>2006 CHEV</u>		Vehicle Type <u>4DSD</u>		Ins. Code <u>100</u>		29										
1	Ticket/Arrest Number(s)										Ticket/Arrest Number(s)										30										
	Violation Section(s)										Violation Section(s)										31										
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.										32
4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>1</u> Box 2 - Most Damage <u>1</u> Enter up to three more damage codes <u>3</u> <u>4</u> <u>5</u>										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>12</u> Box 2 - Most Damage <u>12</u> Enter up to three more damage codes <u>3</u> <u>4</u> <u>5</u>										ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.										33
7	Vehicle Dr: <u>1</u> Towed: To:										Vehicle Dr: <u>2</u> Towed: To:										Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No										34
4	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																				Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:										35
	Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street <u>BROOKS AVE</u> (Route Number or Street Name) or 2) <u>feet</u> <u>miles</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>feet</u> <u>miles</u> (Milepost, Nearest Intersecting Route Number or Street Name)										Accident Description/Officer's notes VEHICLE #1 TRAVELING SOUTHBOUND ON THURSTON RD, DID STRIKE VEHICLE #2 WHICH WAS STOPPED IN TRAFFIC TRAVELING EASTBOUND, CAUSING DAMAGE TO THE DRIVER SIDE FENDER OF VEHICLE #2. OPERATOR #1 STATES SHE WAS ATTEMPTING TO MAKE A RIGHT HAND TURN AND VEHICLE SLID ON THE ICY ROADWAY. NO INJURIES REPORTED OR OBSERVED. NO TOW NEEDED FOR EITHER VEHICLE. ACCIDENT INFORMATION FOR GIVEN TO BOTH OPERATORS.										36										

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	4	1	32	F	-	-	-			BROOKS, MONTOYA T	
B	2	1	4	1	34	F	-	-	-			CRUZ, CARMEN M	
C													
D													
E													
F													
Officer's Rank and Signature <u>OFFICER R R</u> Badge/ID No. <u>1822</u> NCIC No. <u>02701</u> Precinct/Post Troop/Zone <u>---</u> Station/Beat Sector <u>---</u> Reviewing Officer <u>Joseph, David A</u> Date/Time Reviewed <u>2/22/2013 14:26</u>													

USE COVER SHEET

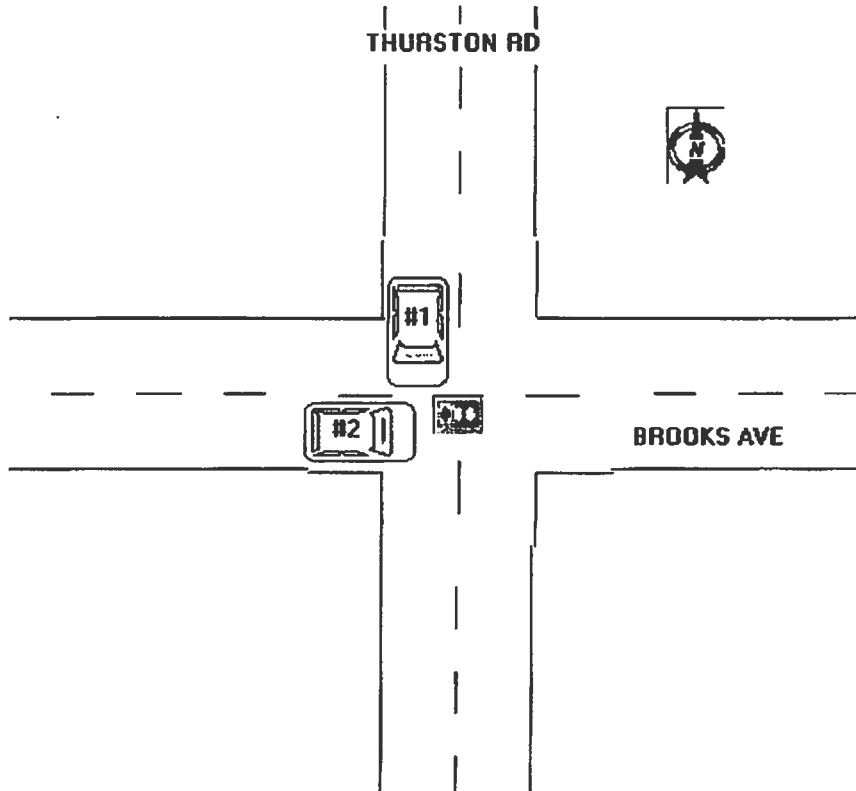
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
13-036427
FQA126000057

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 8	Year 2013	Friday	13:42	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

13-036299

☐ AMENDED REPORT

1 Accident Date Month <u>2</u> Day <u>8</u> Year <u>2013</u>		Day of Week <u>Friday</u>		Military Time <u>1230</u>		No. of Vehicles <u>2</u>		No. Injured <u>0</u>		No. Killed <u>0</u>		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2 VEHICLE 1 Vehicle 1 - Driver License ID Number <u>6A0-717-617</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>Murry, Christopher</u> Address (Include Number & Street) <u>344 Troup St</u> Apt. No. <u>2</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14611</u> Date of Birth Month <u>12</u> Day <u>25</u> Year <u>76</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>Murry, Christopher</u> Sex <u>M</u> Date of Birth Month <u>12</u> Day <u>25</u> Year <u>76</u> Address (Include Number & Street) <u>344 Troup St</u> Apt. No. <u>2</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14611</u> Plate Number <u>FWH-7107</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>07 NISSAN</u> Vehicle Type <u>4DSD</u> Ins. Code <u>626</u> Ticket/Arrest Number(s) <u>-</u> Violation Section(s) <u>-</u>																	
3 VEHICLE 2 Vehicle 2 - Driver License ID Number <u>Parked</u> State of Lic. <u>NY</u> Driver Name - exactly as printed on license <u>Boyd, Jason, Q</u> Address (Include Number & Street) <u>4325 White Swan Dr</u> Apt. No. <u>-</u> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14626</u> Date of Birth Month <u>10</u> Day <u>30</u> Year <u>90</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>Boyd, Jason, Q</u> Sex <u>M</u> Date of Birth Month <u>10</u> Day <u>30</u> Year <u>90</u> Address (Include Number & Street) <u>4325 White Swan Dr</u> Apt. No. <u>-</u> Haz. Mat. Code <u>-</u> Released <input type="checkbox"/> City or Town <u>Rochester</u> State <u>NY</u> Zip Code <u>14626</u> Plate Number <u>GCT-3714</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>02 Infiniti</u> Vehicle Type <u>4DSD</u> Ins. Code <u>016</u> Ticket/Arrest Number(s) <u>-</u> Violation Section(s) <u>-</u>																	
4 VEHICLE DAMAGE CODING 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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>3</u> <u>3</u> Box 2 - Most Damage Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u> Vehicle By Towed: To <u>CFBO</u> VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																	
5 ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) 9. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																	
6 Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> NY Road on which accident occurred <u>5th Thurston Rd</u> (Route Number or Street Name) at 1) intersecting street <u>40</u> (Route Number or Street Name) or 2) <u>40</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u> <u>101</u> <u>102</u> <u>103</u> <u>104</u> <u>105</u> <u>106</u> <u>107</u> <u>108</u> <u>109</u> <u>110</u> <u>111</u> <u>112</u> <u>113</u> <u>114</u> <u>115</u> <u>116</u> <u>117</u> <u>118</u> <u>119</u> <u>120</u> <u>121</u> <u>122</u> <u>123</u> <u>124</u> <u>125</u> <u>126</u> <u>127</u> <u>128</u> <u>129</u> <u>130</u> <u>131</u> <u>132</u> <u>133</u> <u>134</u> <u>135</u> <u>136</u> <u>137</u> <u>138</u> <u>139</u> <u>140</u> <u>141</u> <u>142</u> <u>143</u> <u>144</u> <u>145</u> <u>146</u> <u>147</u> <u>148</u> <u>149</u> <u>150</u> <u>151</u> <u>152</u> <u>153</u> <u>154</u> <u>155</u> <u>156</u> <u>157</u> <u>158</u> <u>159</u> <u>160</u> <u>161</u> <u>162</u> <u>163</u> <u>164</u> <u>165</u> <u>166</u> <u>167</u> <u>168</u> <u>169</u> <u>170</u> <u>171</u> <u>172</u> <u>173</u> <u>174</u> <u>175</u> <u>176</u> <u>177</u> <u>178</u> <u>179</u> <u>180</u> <u>181</u> <u>182</u> <u>183</u> <u>184</u> <u>185</u> <u>186</u> <u>187</u> <u>188</u> <u>189</u> <u>190</u> <u>191</u> <u>192</u> <u>193</u> <u>194</u> <u>195</u> <u>196</u> <u>197</u> <u>198</u> <u>199</u> <u>200</u> <u>201</u> <u>202</u> <u>203</u> <u>204</u> <u>205</u> <u>206</u> <u>207</u> <u>208</u> <u>209</u> <u>210</u> <u>211</u> <u>212</u> <u>213</u> <u>214</u> <u>215</u> <u>216</u> <u>217</u> <u>218</u> <u>219</u> <u>220</u> <u>221</u> <u>222</u> <u>223</u> <u>224</u> <u>225</u> <u>226</u> <u>227</u> <u>228</u> <u>229</u> <u>230</u> <u>231</u> <u>232</u> <u>233</u> <u>234</u> <u>235</u> <u>236</u> <u>237</u> <u>238</u> <u>239</u> <u>240</u> <u>241</u> <u>242</u> <u>243</u> <u>244</u> <u>245</u> <u>246</u> <u>247</u> <u>248</u> <u>249</u> <u>250</u> <u>251</u> <u>252</u> <u>253</u> <u>254</u> <u>255</u> <u>256</u> <u>257</u> <u>258</u> <u>259</u> <u>260</u> <u>261</u> 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<u>535</u> <u>536</u> <u>537</u> <u>538</u> <u>539</u> <u>540</u> <u>541</u> <u>542</u> <u>543</u> <u>544</u> <u>545</u> <u>546</u> <u>547</u> <u>548</u> <u>549</u> <u>550</u> <u>551</u> <u>552</u> <u>553</u> <u>554</u> <u>555</u> <u>556</u> <u>557</u> <u>558</u> <u>559</u> <u>560</u> <u>561</u> <u>562</u> <u>563</u> <u>564</u> <u>565</u> <u>566</u> <u>567</u> <u>568</u> <u>569</u> <u>570</u> <u>571</u> <u>572</u> <u>573</u> <u>574</u> <u>575</u> <u>576</u> <u>577</u> <u>578</u> <u>579</u> <u>580</u> <u>581</u> <u>582</u> <u>583</u> <u>584</u> <u>585</u> <u>586</u> <u>587</u> <u>588</u> <u>589</u> <u>590</u> <u>591</u> <u>592</u> <u>593</u> <u>594</u> <u>595</u> <u>596</u> <u>597</u> <u>598</u> <u>599</u> <u>600</u> <u>601</u> <u>602</u> <u>603</u> <u>604</u> <u>605</u> <u>606</u> <u>607</u> <u>608</u> <u>609</u> <u>610</u> <u>611</u> <u>612</u> <u>613</u> <u>614</u> <u>615</u> <u>616</u> <u>617</u> <u>618</u> <u>619</u> <u>620</u> <u>621</u> <u>622</u> <u>623</u> <u>624</u> <u>625</u> <u>626</u> <u>627</u> <u>628</u> <u>629</u> <u>630</u> <u>631</u> <u>632</u> <u>633</u> <u>634</u> <u>635</u> <u>636</u> <u>637</u> <u>638</u> <u>639</u> <u>640</u> <u>641</u> <u>642</u> <u>643</u> <u>644</u> <u>645</u> <u>646</u> <u>647</u> <u>648</u> <u>649</u> <u>650</u> <u>651</u> <u>652</u> <u>653</u> <u>654</u> <u>655</u> <u>656</u> <u>657</u> <u>658</u> <u>659</u> <u>660</u> <u>661</u> <u>662</u> <u>663</u> <u>664</u> <u>665</u> <u>666</u> <u>667</u> <u>668</u> <u>669</u> <u>670</u> <u>671</u> <u>672</u> <u>673</u> <u>674</u> <u>675</u> <u>676</u> <u>677</u> <u>678</u> <u>679</u> <u>680</u> <u>681</u> <u>682</u> <u>683</u> <u>684</u> <u>685</u> <u>686</u> <u>687</u> <u>688</u> <u>689</u> <u>690</u> <u>691</u> <u>692</u> <u>693</u> <u>694</u> <u>695</u> <u>696</u> <u>697</u> <u>698</u> <u>699</u> <u>700</u> <u>701</u> <u>702</u> <u>703</u> <u>704</u> <u>705</u> <u>706</u> <u>707</u> <u>708</u> <u>709</u> <u>710</u> <u>711</u> <u>712</u> <u>713</u> <u>714</u> <u>715</u> <u>716</u> <u>717</u> <u>718</u> <u>719</u> <u>720</u> <u>721</u> <u>722</u> <u>723</u> <u>724</u> <u>725</u> <u>726</u> <u>727</u> <u>728</u> <u>729</u> <u>730</u> <u>731</u> <u>732</u> <u>733</u> <u>734</u> <u>735</u> <u>736</u> <u>737</u> <u>738</u> <u>739</u> <u>740</u> <u>741</u> <u>742</u> <u>743</u> <u>744</u> <u>745</u> <u>746</u> <u>747</u> <u>748</u> <u>749</u> <u>750</u> <u>751</u> <u>752</u> <u>753</u> <u>754</u> <u>755</u> <u>756</u> <u>757</u> <u>758</u> <u>759</u> <u>760</u> <u>761</u> <u>762</u> <u>763</u> <u>764</u> <u>765</u> <u>766</u> <u>767</u> <u>768</u> <u>769</u> <u>770</u> <u>771</u> <u>772</u> <u>773</u> <u>774</u> <u>775</u> <u>776</u> <u>777</u> <u>778</u> <u>779</u> <u>780</u> <u>781</u> <u>782</u> <u>783</u> <u>784</u> <u>785</u> <u>786</u> <u>787</u> <u>788</u> <u>789</u> <u>790</u> <u>791</u> <u>792</u> <u>793</u> <u>794</u> <u>795</u> <u>796</u> <u>797</u> <u>798</u> <u>799</u> <u>800</u> <u>801</u> <u>802</u> <u>803</u> <u>804</u> <u>805</u> <u>806</u> <u>807</u> <u>808</u> <u>809</u> <u>810</u> <u>811</u> <u>812</u> <u>813</u> <u>814</u> <u>815</u> <u>816</u> <u>817</u> <u>818</u> <u>819</u> <u>820</u> <u>821</u> <u>822</u> <u>823</u> <u>824</u> <u>825</u> <u>826</u> <u>827</u> <u>828</u> <u>829</u> <u>830</u> <u>831</u> <u>832</u> <u>833</u> <u>834</u> <u>835</u> <u>836</u> <u>837</u> <u>838</u> <u>839</u> <u>840</u> <u>841</u> <u>842</u> <u>843</u> <u>844</u> <u>845</u> <u>846</u> <u>847</u> <u>848</u> <u>849</u> <u>850</u> <u>851</u> <u>852</u> <u>853</u> <u>854</u> <u>855</u> <u>856</u> <u>857</u> <u>858</u> <u>859</u> <u>860</u> <u>861</u> <u>862</u> <u>863</u> <u>864</u> <u>865</u> <u>866</u> <u>867</u> <u>868</u> <u>869</u> <u>870</u> <u>871</u> <u>872</u> <u>873</u> <u>874</u> <u>875</u> <u>876</u> <u>877</u> <u>878</u> <u>879</u> <u>880</u> <u>881</u> <u>882</u> <u>883</u> <u>884</u> <u>885</u> <u>886</u> <u>887</u> <u>888</u> <u>889</u> <u>890</u> <u>891</u> <u>892</u> <u>893</u> <u>894</u> <u>895</u> <u>896</u> <u>897</u> <u>898</u> <u>899</u> <u>900</u> <u>901</u> <u>902</u> <u>903</u> <u>904</u> <u>905</u> <u>906</u> <u>907</u> <u>908</u> <u>909</u> <u>910</u> <u>911</u> <u>912</u> <u>913</u> <u>914</u> <u>915</u> <u>916</u> <u>917</u> <u>918</u> <u>919</u> <u>920</u> <u>921</u> <u>922</u> <u>923</u> <u>924</u> <u>925</u> <u>926</u> <u>927</u> <u>928</u> <u>929</u> <u>930</u> <u>931</u> <u>932</u> <u>933</u> <u>934</u> <u>935</u> <u>936</u> <u>937</u> <u>938</u> <u>939</u> <u>940</u> <u>941</u> <u>942</u> <u>943</u> <u>944</u> <u>945</u> <u>946</u> <u>947</u> <u>948</u> <u>949</u> <u>950</u> <u>951</u> <u>952</u> <u>953</u> <u>954</u> <u>955</u> <u>956</u> <u>957</u> <u>958</u> <u>959</u> <u>960</u> <u>961</u> <u>962</u> <u>963</u> <u>964</u> <u>965</u> <u>966</u> <u>967</u> <u>968</u> <u>969</u> <u>970</u> <u>971</u> <u>972</u> <u>973</u> <u>974</u> <u>975</u> <u>976</u> <u>977</u> <u>978</u> <u>979</u> <u>980</u> <u>981</u> <u>982</u> <u>983</u> <u>984</u> <u>985</u> <u>986</u> <u>987</u> <u>988</u> <u>989</u> <u>990</u> <u>991</u> <u>992</u> <u>993</u> <u>994</u> <u>995</u> <u>996</u> <u>997</u> <u>998</u> <u>999</u> <u>1000</u> <u>1001</u> <u>1002</u> <u>1003</u> <u>1004</u> <u>1005</u> <u>1006</u> <u>1007</u> <u>1008</u> <u>1009</u> <u>1010</u> <u>1011</u> <u>1012</u> <u>1013</u> <u>1014</u> <u>1015</u> <u>1016</u> <u>1017</u> <u>1018</u> <u>1019</u> <u>1020</u> <u>1021</u> <u>1022</u> <u>1023</u> <u>1024</u> <u>1025</u> <u>1026</u> <u>1027</u> <u>1028</u> <u>1029</u> <u>1030</u> <u>1031</u> <u>1032</u> <u>1033</u> <u>1034</u> <u>1035</u> <u>1036</u> <u>1037</u> <u>1038</u> <u>1039</u> <u>1040</u> <u>1041</u> <u>1042</u> <u>1043</u> <u>1044</u> <u>1045</u> <u>1046</u> <u>1047</u> <u>1048</u> <u>1049</u> <u>1050</u> <u>1051</u> <u>1052</u> <u>1053</u> <u>1054</u> <u>1055</u> <u>1056</u> <u>1057</u> <u>1058</u> <u>1059</u> <u>1060</u> <u>1061</u> <u>1062</u> <u>1063</u> <u>1064</u> <u>1065</u> <u>1066</u> <u>1067</u> <u>1068</u> <u>1069</u> <u>1070</u> <u>1071</u> <u>1072</u> <u>1073</u> <u>1074</u> <u>1075</u> <u>1076</u> <u>1077</u> <u>1078</u> <u>1079</u> <u>1080</u> <u>1081</u> <u>1082</u> <u>1083</u> <u>1084</u> <u>1085</u> <u>1086</u> <u>1087</u> <u>1088</u> <u>1089</u> <u>1090</u> <u>1091</u> <u>1092</u> <u>1093</u> <u>1094</u> <u>1095</u> <u>1096</u> <u>1097</u> <u>1098</u> <u>1099</u> <u>1100</u> <u>1101</u> <u>1102</u> <u>1103</u> <u>1104</u> <u>1105</u> <u>1106</u> <u>1107</u> <u>1108</u> <u>1109</u> <u>1110</u> <u>1111</u> <u>1112</u> <u>1113</u> <u>1114</u> <u>1115</u> <u>1116</u> <u>1117</u> <u>1118</u> <u>1119</u> <u>1120</u> <u>1121</u> <u>1122</u> <u>1123</u> <u>1124</u> <u>1125</u> <u>1126</u> <u>1127</u> <u>1128</u> <u>1129</u> <u>1130</u> <u>1131</u> <u>1132</u> <u>1133</u> <u>1134</u> <u>1135</u> <u>1136</u> <u>1137</u> <u>1138</u> <u>1139</u> <u>1140</u> <u>1141</u> <u>1142</u> <u>1143</u> <u>1144</u> <u>1145</u> <u>1146</u> <u>1147</u> <u>1148</u> <u>1149</u> <u>1150</u> <u>1151</u> <u>1152</u> <u>1153</u> <u>1154</u> <u>1155</u> <u>1156</u> <u>1157</u> <u>1158</u> <u>1159</u> <u>1160</u> <u>1161</u> <u>1162</u> <u>1163</u> <u>1164</u> <u>1165</u>																	

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 13-032745
 FQA414000012

☐ AMENDED REPORT

1	Accident Date		Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene	Police Photos	20
	Month 2	Day 4	Year 2013	Monday	11:29	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 VEHICLE 1 - Driver License ID Number 459721756 Driver Name - exactly as printed on license MANYWETHER, CARLETTA E Address (Include Number and Street) 64 HILLENDALE ST City or Town ROCHESTER State NY Zip Code 14619 Date of Birth Month 10 Day 16 Year 1947 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration MANYWETHER, CARLETTA E Sex F Date of Birth Month 10 Day 16 Year 1947 Address (Include Number and Street) 64 HILLENDALE ST Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14619 Plate Number DRP3889 State of Reg. NY Vehicle Year & Make 2006 BUIC Vehicle Type 4DSD Ins. Code 484 Ticket/Arrest Number(s) Violation Section(s) </div> <div> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number 568320040 Driver Name - exactly as printed on license LASSITER, DIANE Address (Include Number and Street) 379 SHERMAN ST City or Town ROCHESTER State NY Zip Code 14606 Date of Birth Month 1 Day 25 Year 1967 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 04 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration LASSITER, DIANE Sex F Date of Birth Month 1 Day 25 Year 1967 Address (Include Number and Street) 379 SHERMAN ST Apt. No. Haz. Mat. Code - Released <input type="checkbox"/> City or Town ROCHESTER State NY Zip Code 14606 Plate Number ELS6903 State of Reg. NY Vehicle Year & Make 2002 PONT Vehicle Type 4DSD Ins. Code 016 Ticket/Arrest Number(s) Violation Section(s) </div> </div>											21
<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more damage codes 1 3 5 Vehicle Bv. Towed: To: </div> <div> VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 5 1 5 Box 2 - Most Damage 4 5 6 Enter up to three more damage codes 4 5 6 Vehicle Bv. Towed: To: </div> <div> 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. </div> <div> 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. </div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. </div> </div>											22
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER											23
Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON RD (Route Number or Street Name) at 1) Intersecting street HILLENDALE ST (Route Number or Street Name) or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)											24
Accident Description/Officer's notes VEH 1, WHICH WAS FACING E ON HILLENDALE ST ATTEMPTING TO MAKE A LEFT TURN TO HEAD N ON THURSTON FAILED TO YIELD RIGHT OF WAY TO VEH 2. THE FRONT OF VEH 1 STRUCK VEH 2 ON ITS PASSENGER SIDE. PASSENGER LASHAWN BROWN WAS TRANSPORTED BY RURAL METRO RIG NUMBER 9149 TO STRONG AS PRECAUTIONARY MEASURES. NO INJURIES REPORTED. BOTH VEHICLES CARED FOR BY DRIVERS.											25
Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No											26

		8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
ALL INVOLVED	A	1	1	4	1	65	F	-	-	-			MANYWETHER, CARLETTA	
	B	1	3	4	1	53	F	-	-	-			LAWSON, ROBIN	
	C	2	1	4	1	46	F	-	-	-			LASSITER, DIANE	
	D	2	3	4	1	45	M	-	-	-			BROWN, JOHN L	
	E	2	6	5	1	2	F	-	-	-			BROWN, LASHAWN	
	F	2	4	4	1	19	M	-	-	-			LASSITER, DAMIEN D	
Officer's Rank and Signature OFFICER <i>SPENSER MCAVOY</i>		Badge/ID No. 2325		NCIC No. 02701		Precinct/Post Troop/Zone ----		Station/Beat Sector --		Reviewing Officer Dawley, Stephen J		Date/Time Reviewed 2/8/2013 07:38		

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
13-032745
FQA414000012

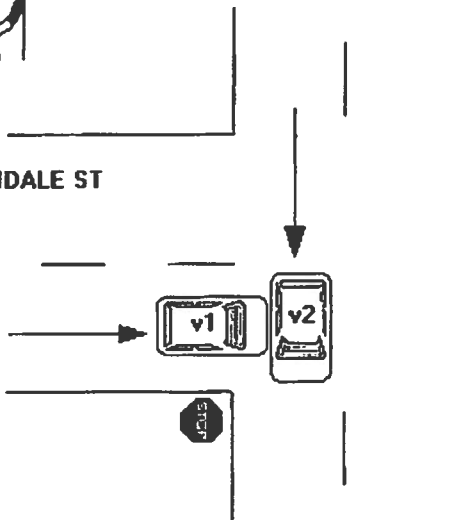
☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 4	Year 2013	Monday	11:29	2	0	0	Accident Reconstructed <input type="checkbox"/>		



THURSTON RD

HILLENDALE ST



New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-025492
FQA413000012

☐ AMENDED REPORT

1	Accident Date Month: 1, Day: 28, Year: 2013	Day of Week Monday	Military Time 01:07	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> VEHICLE 1 Driver License ID Number: 834625407 Driver Name: MULL, DARRYL V Address: 773 POST AV, ROCHESTER, NY 14619 Date of Birth: 1/20/1965, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 02, Public Property Damaged: <input type="checkbox"/> Name: MULL, OLIVIA, Date of Birth: 12/13/1944, Sex: F Address: 130 DOLORES DR, ROCHESTER, NY 14626 Plate Number: EJY8729, State of Reg: NY, Vehicle Year & Make: 1997 CHEV, Vehicle Type: SUBN, Ins. Code: 234 </div> <div style="width: 48%;"> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number: 169057297 Driver Name: DEPASS, KEMMAR E Address: 671 POST AV, ROCHESTER, NY 14619 Date of Birth: 2/20/1992, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/> Name: DEPASS, SHANTINIQUE S, Date of Birth: 5/13/1994, Sex: F Address: 671 POST AV, ROCHESTER, NY 14619 Plate Number: FYJ2363, State of Reg: NY, Vehicle Year & Make: 1999 AUDI, Vehicle Type: 4DSD, Ins. Code: 704 </div> </div>										21
2	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, Box 2 - Most Damage: 2 Enter up to three more damage codes: 1, 3, 5										22
3	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 9, Box 2 - Most Damage: 9 Enter up to three more damage codes: 7, 8, 10										23
4	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										24
5	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										25
6	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										26
7	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										27
8	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										28
9	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										29
10	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										30
11	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										31
12	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										32
13	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										33
14	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										34
15	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										35
16	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										36
17	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										37
18	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										38
19	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										39
20	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										40
21	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										41
22	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										42
23	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										43
24	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										44
25	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										45
26	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										46
27	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										47
28	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										48
29	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										49
30	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										50
31	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										51
32	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										52
33	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										53
34	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										54
35	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										55
36	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										56
37	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										57
38	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										58
39	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										59
40	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										60
41	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										61
42	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										62
43	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										63
44	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										64
45	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										65
46	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										66
47	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										67
48	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										68
49	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										69
50	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										70
51	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										71
52	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										72
53	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										73
54	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										74
55	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										75
56	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										76
57	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										77
58	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										78
59	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										79
60	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										80
61	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										81
62	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										82
63	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										83
64	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										84
65	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										85
66	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										86
67	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										87
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69	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										89
70	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										90
71	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										91
72	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										92
73	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										93
74	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										94
75	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										95
76	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										96
77	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										97
78	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										98
79	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										99
80	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										100

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	4	1	48	M	-	-	-		MULL, DARRYL V	
B	1	2	4	1	3	M	-	-	-		MULL, AVERY	
C	2	1	4	1	20	M	-	-	-		DEPASS, KEMMAR E	
D												
E												
F												
Officer's Rank and Signature Print Name: KEVIN D MOORE						Badge/ID No. 2043	NCIC No. 02701	Precinct/Post Troop/Zone ---	Station/Beat Sector --	Reviewing Officer Alberto, Edward A	Date/Time Reviewed 1/28/2013 05:58	

Local Codes


13-025492

FQA413000012

☐ AMENDED REPORT

1	Accident Date Month 1 Day 28 Year 2013			Day of Week Monday	Military Time 01:07	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/> Left Scene <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	VEHICLE						<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 1 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						21
2	VEHICLE 2 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____												22
	VEHICLE 3 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____												23
3	VEHICLE 4 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____												24
	VEHICLE 5 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____												25
4	VEHICLE 6 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						Check if involved vehicle is: <input type="checkbox"/> more than 85 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 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To:						26
	VEHICLE 7 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						Check if involved vehicle is: <input type="checkbox"/> more than 85 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 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle Bv: Towed To:						27
5	VEHICLE 8 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1 2 3 4 5 6 7 8 9 Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No						28
	VEHICLE 9 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____												29
6	VEHICLE 10 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W						30
	VEHICLE 11 - Driver License ID Number _____ State of Lic. _____ Driver Name - exactly as printed on license _____ Address (Include Number and Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occupants _____ Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration _____ Sex _____ Date of Birth _____ Address (Include Number and Street) _____ Apt. No. _____ Haz. Mat. Code _____ Released <input type="checkbox"/> City or Town _____ State _____ Zip Code _____ Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____ Ticket/Arrest Number(s) _____ Violation Section(s) _____						Accident Description/Officer's notes WITNESS #1 - MOORE OFFICER 185 EXCHANGE BL ROCHESTER NY 14614 (585) 428-9810 Ext. (585) 428-9810 Ext.						USE COVER SHEET

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 OFFICER 														Badge/ID No. 2043		NCIC No. 02701		Precinct/Post Troop/Zone ----		Station/Beat Sector --		Reviewing Officer Alberto, Edward A		Date/Time Reviewed 1/28/2013 05:58	
Print Name KEVIN D MOORE																									
In Full																									

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-025492
FQA413000012

☐ 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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
1	28	2013	Monday	01:07	2	0	0			



THURSTON RD



V



DUMBAR ST

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-023507
FQA382000014

☐ AMENDED REPORT

1	Accident Date Month: 1, Day: 25, Year: 2013	Day of Week Friday	Military Time 17:02	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 66																																																																																														
	VEHICLE 1 <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																							
2	VEHICLE 1 - Driver License ID Number: 681629129				State of Lic.: NY		VEHICLE 2 - Driver License ID Number:				State of Lic.:		21																																																																																											
	Driver Name - exactly as printed on license: PARRISH JR, ALLEN H				Driver Name - exactly as printed on license:								22																																																																																											
	Address (Include Number and Street): 492 RAVENWOOD AVE				Apt. No.:		Address (Include Number and Street):				Apt. No.:		23																																																																																											
	City or Town: ROCHESTER, State: NY, Zip Code: 14619				City or Town: , State: , Zip Code:								24																																																																																											
3	Date of Birth: Month 6, Day 22, Year 1983		Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 02	Public Property Damaged: <input type="checkbox"/>	Date of Birth: Month , Day , Year		Sex:	Unlicensed: <input type="checkbox"/>	No. of Occupants:	Public Property Damaged: <input type="checkbox"/>	25																																																																																											
	Name - exactly as printed on registration: MCMILLAN-MANLEY, KIRUESTI L				Date of Birth: Month 7, Day 3, Year 1988		Name - exactly as printed on registration:		Date of Birth: Month , Day , Year				26																																																																																											
	Address (Include Number and Street): 148 WOODBINE AV				Apt. No.:		Address (Include Number and Street):		Apt. No.:				27																																																																																											
4	City or Town: ROCHESTER, State: NY, Zip Code: 14619				City or Town: , State: , Zip Code:								28																																																																																											
5	Plate Number: FWG9646		State of Reg.: NY	Vehicle Year & Make: 2006 CHEV	Vehicle Type: 4DSD	Ins. Code: 626	Plate Number:		State of Reg.:	Vehicle Year & Make:	Vehicle Type:	Ins. Code:	29																																																																																											
1	Ticket/Arrest Number(s):				Ticket/Arrest Number(s):								30																																																																																											
	Violation Section(s):				Violation Section(s):								31																																																																																											
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.				32																																																																																											
5	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more damage codes: 14, 4, 3				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more damage codes: 1, 3, 4, 5				ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.				33																																																																																											
7	Vehicle Bv: AAA Towed To: AAA				Vehicle Bv: Towed To:				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				34																																																																																											
4	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER												35																																																																																											
	Reference Marker		Coordinates (if available)		Place Where Accident Occurred:								36																																																																																											
			Latitude/Northing:		County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER								37																																																																																											
			Longitude/Easting:		Road on which accident occurred: THURSTON RD (Route Number or Street Name)								38																																																																																											
					at 1) intersecting street: HILLENDALE ST (Route Number or Street Name)								39																																																																																											
					or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)								40																																																																																											
	Accident Description/Officer's notes: (V1) TRAVELING N/B ON THURSTON ROAD APPROACHING HILLENDALE STREET. AS (V1) APPROACHED HILLENDALE STREET AN UNINVOLVED VEHICLE (LP #EUP2069 DRIVER WAYMAN HARRIS 8-30-85) PULLED OFF OF HILLENDALE STREET DIRECTLY INTO (V1)'S LANE OF TRAFFIC. (V1) REACTED TO (U) BY SWERVING TO THE RIGHT TO AVOID HITTING (U) WHICH CAUSED (V1) TO GO OVER THE E/B CURBING AND STRIKE THE BUSHES IN FRONT OF 504 THURSTON ROAD. (U) PULLING DIRECTLY INTO (V1)'S RIGHT OF WAY AND THE SLIPPERY ROADS ARE THE REASON WHY (V1) CRASHED. (V1) COULD NOT STOP IN TIME TO AVOID THE												41																																																																																											
	<table border="1" style="width: 100%;"> <thead> <tr> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17 BY</th> <th>TO 18</th> <th>Names of all Involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>29</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>PARRISH JR, ALLEN H</td> <td></td> </tr> <tr> <td>B</td> <td>1</td> <td>3</td> <td>4</td> <td>1</td> <td>24</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>MCMILLAN-MANLEY, KIRU</td> <td></td> </tr> <tr> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>D</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only	A	1	1	4	1	29	M	-	-	-		PARRISH JR, ALLEN H		B	1	3	4	1	24	M	-	-	-		MCMILLAN-MANLEY, KIRU		C													D													E													F													42
8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only																																																																																												
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	Officer's Rank and Signature: OFFICE <i>Thomas Deane</i>				Badge/ID No.: 1954		NCIC No.: 02701		Precinct/Post Troop/Zone: W52		Station/Beat Sector: RPD		Reviewing Officer: Rivers, Jon S		Date/Time Reviewed: 1/26/2013 19:30																																																																																									

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 13-023507
 FQA382000014

☐ AMENDED REPORT

1 Accident Date Month: 1, Day: 25, Year: 2013		Day of Week: Friday		Military Time: 17:02		No. of Vehicles: 1		No. Injured: 0		No. Killed: 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2 VEHICLE 1 - Driver License ID Number: [blank] State of Lic: [blank] VEHICLE 2 - Driver License ID Number: [blank] State of Lic: [blank]																	
3 Driver Name - exactly as printed on license: [blank] Driver Name - exactly as printed on license: [blank]																	
4 Address (Include Number and Street): [blank] Apt. No.: [blank] Address (Include Number and Street): [blank] Apt. No.: [blank]																	
5 City or Town: [blank] State: [blank] Zip Code: [blank] City or Town: [blank] State: [blank] Zip Code: [blank]																	
6 Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: [blank] Public Property Damaged: <input type="checkbox"/> Date of Birth: [blank] Sex: [blank] Unlicensed: <input type="checkbox"/> No. of Occupants: [blank] Public Property Damaged: <input type="checkbox"/>																	
7 Name - exactly as printed on registration: [blank] Sex: [blank] Date of Birth: [blank] Name - exactly as printed on registration: [blank] Sex: [blank] Date of Birth: [blank]																	
8 Address (Include Number and Street): [blank] Apt. No.: [blank] Haz. Mat. Code: [blank] Released: <input type="checkbox"/> Address (Include Number and Street): [blank] Apt. No.: [blank] Haz. Mat. Code: [blank] Released: <input type="checkbox"/>																	
9 City or Town: [blank] State: [blank] Zip Code: [blank] City or Town: [blank] State: [blank] Zip Code: [blank]																	
10 Plate Number: [blank] State of Reg: [blank] Vehicle Year & Make: [blank] Vehicle Type: [blank] Ins. Code: [blank] Plate Number: [blank] State of Reg: [blank] Vehicle Year & Make: [blank] Vehicle Type: [blank] Ins. Code: [blank]																	
11 Ticket/Arrest Number(s): [blank] Ticket/Arrest Number(s): [blank]																	
12 Violation Section(s): [blank] Violation Section(s): [blank]																	
13 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.																	
14 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																	
15 ACCIDENT DIAGRAM																	
16 Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No																	
17 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																	
18 Reference Marker: [blank] Coordinates (if available): [blank] Latitude/Northing: [blank] Longitude/Easting: [blank]																	
19 Place Where Accident Occurred: County: MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of [blank] Road on which accident occurred: [blank] (Route Number or Street Name)																	
20 at 1) intersecting street [blank] (Route Number or Street Name) or 2) [blank] feet [blank] miles N S E W of [blank] (Milepost, Nearest intersecting Route Number or Street Name)																	
21 Accident Description/Officer's notes: CRASH AND THE DRIVER DID THE BEST THEY COULD TO AVOID AN ACCIDENT.																	

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 OFFICE <i>R.P.D.</i>							Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed	
Print Name in Full Thomas Deane							1954	02701	W52	RPD	Rivers, Jon S	1/26/2013 19:30	

USE COVER SHEET

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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
1	25	2013	Friday	17:02	1	0	0			

