Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	Tarl	19 20
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3 Date of Birth Sex Unilicansed No. of Public Property Damaged No. of Occupants Public Property Damaged No. of No.	Occupants Property Damaged Sex Date of Birth	23
BOWMAN CAVIS Month Day Ten Address (Include Number & Street) Apr. No. Haz. Released Address (Include Number & Street) Apr. No. Code	Apl. No. Haz. Released Mai. Code	5
City or Town City or Town Visible Zip Code City or Town	State Zip Code	3 ⁴
Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Vehicle Year & DDA 176 State of Reg. Vehicle Year & Vehicle Year & Number (s)	Make, Vehicle Type Ins. Code	
Violation Section(s) Section(s)	#	25
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Officer's Rank and Signature Print Name Prin	Date/Time Reviewed	
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	Local Codes P	IDENT REPORT					191			
	10418594	MV-1	04A (3/04)					20		
_	FQ7231000008 AMENDED R	EPORT								
1.	Accident Date Day of Week M Month Day Yeer	litary Time No. of Vehicle	No. Injured		Not investigated a		1			
ட	12 17 2010 Friday	07:49 2	0		Accident Reconst		⊠ Yes □ No	13		
	VEHICLE 1 - Driver	State of Lic	Ø VEHICL	E2 BICY		DESTRIAN [] OTH	IER PEDESTRIAN State of Lig.	4		
2	VEHICLE 1- Driver License ID Number 912651345	NY	Doguse ID M	Imper			NY	21		
1-	Driver Name - exactly as printed on licansa DAVIS, MELINDA K	···	Driver Name - as printed on	exactly license	RICO, FRANK			-		
	Address (Include Number and Street)	Apt. N		de Number and	Street)		Apt. No.			
	624 SAWYER ST A-2 City or Town State	Zip Code	PO BOX City or Town	90731		State Z	ip Code	22		
	ROCHESTER NY	14619	ROCHEST:		S Istallanaa	NY 1460 ed No. of Occupants		-		
13	Month Day Year E	cupants Public T	Month Da	y Year	Sex Unlicens	·	Property	Г		
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	DAVIS, MELINDA K	Date of Birth Month Day Yes 10 22 197		ROCHEST	-	Mon	th Day Year	23 5		
_	Address (Include Number and Street) Apt. No.	HBZ. i Releas	ed Address (Inclu	de Number and		Apt. No. Haz Mat.	. Released	H		
1.	624 SAWYER ST City or Town State	Code	945 MT City or Town	READ BLV	D	Cod	ip Code	-		
	ROCHESTER NY	14619	ROCHEST			NY 1460	06.	24 5		
	I I I I I	hicle Type Ins. Code UBN 626	Ptate Number M67058	State of NY		1_ "	pe fins. Code 994	لنإ		
3	Tickel/Arrest 7221000 72210001 FO	OBN TOO	Ticket/Arrest	1 142	2005 C.	044 20111		1		
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	Violation Section(s) 5091 1123		Section(s)					25		
6		if involved vehicle is: ore than 95 inches wide	a.		gram below that de ace #9. Number t	escribes the accident, o	or draw your own	13		
1	E more than 34 feet long;	ore than 34 feet long:		Rear End		k Angle Right Turn	Heed On			
L	H ☐ operated with an overweight permit; ☐ OP operated with an overdimension permit.	erated with an overwei erated with an overdim	gnt permit; iension permit.	-	3 7	1 8 7	7. → ←			
	C VEHICLE 1 DAMAGE CODES C	VEHICLE 2 DAMAGE Point of Impact	CODES	Sidesymps (same direction)	Left Turn	Plight Turn	Sideswipe (apposite direction)	26		
7	Box 2 - Most Damage 6 6 Box 2 -	Most Damage	1 1	2	0. 1	27	0.	1		
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	15. TRAILER 18. NO DAMAGE 2 6 16. OVERTURNED 19. OTHER	— (¹°		9.				28		
	, L		Cost of repairs to any one vehicle will be more than \$1000.							
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		County MONROE								
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		ntersecting street								
	or 2)_		DN Øs o	ERNESTI	NE STREET	no Coute Mumber or Street	al Alama)			
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Page 2 of 2 Pages

New York State Department of Motor Vehicles

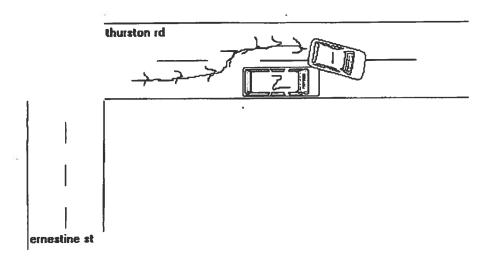
POLICE ACCIDENT REPORT

Local Codes 10418594 FQ7231000008

■ AMENDED REPORT

Accident Date	Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
	010 Friday	07:49	Vehicles 2	0	0	Accident Reconstructed	<u> </u>	⊠ Yes □ No





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V more than 34 feet long:	Check if involved vehicle is: Check if involved vehicle is: Circle	the diagram below that describes the accident, or draw your own
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Longitude/Easting: or 2) Feet Miles (Milepost, Nearest intersecting Rouse Number or Street Name) Accident Description/Officer's Notes (V2) S Driver: Mular Kex Caller for an MVA report on 12/6/10 30 ROS responded and (V2) stated the MVA occurred on 12/4/10 at around 0237 (V2) S driver exchanged information at scene (V2) driver stated he was stopped at covered and formation at scene (V2) driver stated he was stopped at covered and formation at scene (V2) driver stated he was stopped at covered and formation at scene (V2) driver stated he was stopped at covered and formation (V2) stated the following state of the following insurance company and now wants a verort. Note of the following state of the following following the following death of the following state			
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	Page of Pages Local Codes	New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19 11
	10-357714	MV-104A (6/04) AMENDED REPORT DMV COPY	
1	Accident Date Day	ay of Week Military Time No. of Vofficials No. Injured No. Kill Not Investigated at Score Left Scene Police Photos	20
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2	VEHICLE 1 - Driver 964 (662 Driver Name - exectly 1 1 1 2 (642 Temperature)	408 State of License ID Number 264 812 433 Stole of License ID Number 264 812 433	21
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4	Name-exactly as printed on registration	Sex Date of Birth Name exactly as printed on registration Sex Date of Birth Moeth 1 Days Year	23
	EAN HOLDINGS LLC	Apt. No. Haz. Releasest Address (Include Number & Street) Apt. No. Haz. Releasest	12
Ŷ	City or Town	Ave Code State Zip Code City of Town	24
1-1	Plate Number State of Reg. Vehicle Y	Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number 7 17 17 17 17 17 17 17 17 17 17 17 17 1	
5	Ticket/Arrest	Ticket/Arrest	1 .
L	Number(s) Violation	Number(s) Violation Section(s)	
6	Section(s) Check if involved vehicle is: I more than 95 inches wide;	Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
1	V ☐ more than 34 feet long; E ☐ operated with an overweight permit;	V more than 34 feet long; E operated with an overweight permit; mit. Operated with an overdimension permit. Reprod Left, Turn Right Angle Right Turn Head On	
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		Road on which accident occurred Thurston Koth D at 1) intersecting street HNThomy STreet Name)	- 29
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	Accident Description/Officer's Notes (y-7)	Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name) L) WAS STOPPED IN TRAFFIC behind TWO OTHER CAYS WATTING FOR THE TRAF	30
	Light To Turn green. (v-2	2) who was Facing (S/B) ON Thurston RD was struck from behind by (V-1)	USE
	TO THE FORT HUMBER NEIT	so. (V-2) sustained DAMAGE TO the rear humper. (V-1) sustrained DAMAGE her Oriver from each vericle was intered.	COVER
		11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Deat	h Only
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- L	as printed on license APA Superior Street April Apt. No. Address (Include Number & Street) Apt. No. Address (Include Number & Street)							
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	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19
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7	License ID Number 7776/7760	21
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3	Roch 5 Sax Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Occupants Property Month Day Year A . Unlicensed No. of Occupants Property Day Year Month Day Year	· .
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6	☐ more than 95 Inches wide; ☐ more than 95 Inches wide; ☐ diagram in space #9. Number tha vehicles. V ☐ more than 34 feet long; Rear End Left, Turn Right Angle Right Turn Head On	15
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7	C Box 1 - Point of Impact 9 18 L Box 2 - Most Damage 6 6 6 2	2
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	Longitude/Easting: (Route Number or Street Name)	
	or 2)	38
	I responded to Milton St/ Thurston had for a MVA, Dr said he was driving West on Milton	
	then was terning NB on Thurston, Dr said DI backed into himand left the scene. Il got a license plate. I found DI at 238 Weldon and said he backed into Dr and also left the	USE COVER SHEET
	scene, No complaints of injuries,	N
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	Page 1 of Pages		CE ACC		f Motor Vehicles T REPOR 4)	RT		•		19 69
1		MENDED REPO		No. of Vehicles		No. Kiffed	Not investigated at Scene	Left Se	cene Police Photos	20
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3	Romesta	Slate No. of	Zip Code 05% 7%		Date of Birth		Sex Unlicensed	No. of L	Public 3-	
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<u></u>	Plate Number State of Reg. Vehicle Ye			ins Code	Plate Number	State	of Reg. Vehicle Year & Ma		le Type Ins. Coda	5
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	for traffic so she could turn to	ofto thursten b	Coder	us 1	#1. Both	ineri W	re five as spen a	MNKnovin 1 5 the driver	of Vehitti mention	COVER SHEET
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2	VEHICLE 1 - Driver License ID Number 476 975 589 State of Lic. NY License ID Number 263 553 229 State of Lic.	21
-	Driver Name - exactly as printed on license Conrad, Karlienne as printed on license Greeley, Robert	
_	Address (Include Number & Street) 199 Shua Harbar Ct 121 Harris Park	22
	City or Town Rochester NY Hb12 Rochester NY 14610	
3	Date of Birth Month Day Year T Day Year T Date of Birth Day Year T Day Day Day Day Day Day Day	
	Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Month Day Year Greekey, Robert Sex Date of Birth Month Day Year Greekey, Robert Name-exactly as printed on registration	²³ 5
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5	ESN 8268 NY 1995 Chery 2D Sedaw 413 FBS 8561 NY 1995 Dodge Pickup 1999 Tickovarrest	
	Number(s) Number(s)	-
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6	Check if involved vehicle is:	3
	E Operated with an overweight permit: H Operated with an overdimension permit. H Operated with an overdimension permit. H Operated with an overdimension permit. 5.	_
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7	L Box 2 - Most Damage 2 2 L Box 2 - Most Damage 1 2 . 4 . 6. 7 8.	
	more Damage Codes	27
	Vehicle By Towed: To CBO Towed: To CBO	1
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	15. TRAILER 18. NO DAMAGE	28
•	16. OVERTORINED 13. OTHER	四
	Reference Marker Coordinates (if available) Place Where Accident Occurred: Latitude/Northing: County Monroe Sticity Village Town of Rochester	Ĺ
	Deed or which profiled occurred	29
	at 1) intersecting street	
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	Accident Description/Officer's Notes Vehicle I was driving south bound on Thurston and turned in	30
	front of Vehicle 2 driving north bound. Vehicle 1 impacted vehicle 2 on front driver side human while turning left into Rite Aid parteing lot Driver of	USE
	driver side bumper white turning left into Kite Hid parking lot Driver of vehicles was taken to hospital with pain to ear.	USE COVER SHEET
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2 Month Day 2010 Fil 2117 Accident Reconstructed D	OTHER PEDESTRIAN
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3 Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged D 07 07 05 W D	Public Property Damaged
Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Sex Month Day Year	Date of Birth 23 Month Day Year 3
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Z City or Town State Zip Code City or Town Sta	Code
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16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be cost of repairs to any one vehicle will be considered.	e more than \$1000. ☐ Yes ☑ No
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	Page of Pages New York State Department of Motor Vehicles Local Codes POLICE ACCIDENT REPORT MV-104A (6/04)	B
	10-25 (02) AMENDED REPORT DMV COPY	三
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7	C Box 1 - Point of Impact L Box 2 - Most Damage 2 7 L Box 2 - Most Damage 8 2 (same direction) 4 (6, 8)	2
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	10.244023 AMENDED REPORT DMV COPY	
1	Accident Date Day of Week Military Time No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos	20
2	VEHICLE 1 - Driver License ID Number HO - 509 451 State Vic. Driver Name - exectly Lond 102 1000 1000 1000 1000 1000 1000 1000	21 7
_	as printed on license (Include Number & Street) Apt. No. Address (Include Number & Street) Apt. No. Address (Include Number & Street) City or Town City	22
2	Oste of Birth Sex Unlicensed Occupants	
	Name-exactly as Printed on registration Sex	23
4	City or Town State Zip Code City or Town Chester, NY. 1965	3
5	Figure - tumber 6443 State of Rog Market Market Works Apper Inc. Code Piling Tumber 667 State of Rog West Apper 167 State of Rog West	
<u></u>	Violation Violation Section(s) Section(s)	25
6	Check if involved vehicle is: Check if involved vehicle is: Check	
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4	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	19
	10-234057 AMENDED REPORT DMV COPY	
	Accident Date Day of Week Mailtary Time No. of Vehicles No. Injured No. Killed No.	20
2	VEHICLE 1 - Driver 359-164-485 State of Vic. VEHICLE 2 - Driver License 1D Number 857-290-137 State of Vic. Driver Name - exactly as printed on license Colour Name - exactly as printed on license Rurgess, Lakisha N	21
	Address (Include Number & Street) App No. Address (Include Number &	22
- 3	Date of Birth Date of Birth Day Damaged Damaged	23
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6	Unfore than 95 inches wide; V infore than 34 feet long; I operated with an overweight permit; H infore than 95 inches wide; V	73
7	VEHICLE 1 DAMAGE CODES I VEHICLE 2 DAMAGE CODES Sideswipe (same direction) C Box 1 - Point of Impact L Box 2 - Most Damage E Enter up to three 3 4 5 E Enter up to three	70
-	Towed: more Damage Codes	27
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,	Road on which accident occurred Thurston R. (Route Number or Street Name)	29
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	Accident Description/Officer's Notes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	30/
1	Position on Thurston RD, near Anthony ST. VI began to reverse, and struck Va which had Just parked behind VI. VIS trailer hitch damaged Va's vehicle near the Runt	USE COVER SHEET
	License date. No Damise to Vi and No injuries. VI was ticketed for operating the Whan! truck with NO NYS License and V2 was ticketed PARKING in a NO STANDING ZONE.	N
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	2	VEHICLE 1 - Oriver License ID Number WKNOWN X	State of Lic. VEHICLE 2 - Driver - (State of Lic.	21
	-	Driver Name -exactly as printed on license	Oriver Name - exactly as printed on license	-
		Address (Include Number & Street)	Apr. No. Address (Maluba Nullibal & Silbal)	22
		City or Town	State Zip Code City or Town State Zip Code	-
	3	Date of Birth Sex Unlicense Month Day Year	ed No. of Occupants Property Damaged Date of Birth Day Year Damaged Damaged Date of Birth Day Year Damaged Damaged Damaged Date of Birth No. of Occupants Property Damaged Damaged Date of Birth No. of Occupants Property Date of Birth No. of Occupa	
	Ľ.	Name-exactly as printed on registration	Sex Date of Birth Name—exectly as printed on registration Sex Date of Birth Month Day Year Co. J. Thomas A. W. U.S. Day Year	²³
		Address (Include Number & Street)	Agl. No. Haz. Released Address (Include Number & Street) Apt. No. Maz. Released	
	li	City or Town	Code Code Code Code	²⁴ 5
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	5	Tickel/Arrest	Tickel/Arrest	
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	6	☐ more than 95 inches wide;	U more than 95 inches wide; diagram in space #9. Number the vehicles. V □ more than 34 feet long; Rear End Left, Turn Right Angle Right Turn Head On	
	L	E operated with an overweight permit: H operated with an overdimension permit.	E operated with an overweight permit:	26
	Ĩ.,	C Box 1 - Point of Impact 1 2	C Box 1 - Point of Impact 1 2 (same direction)	10
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		sount transfer ich 2 was in	wolked received damage to the drawer side front tenter and headleght with white	USE COVER SHEET
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Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (8/04)													
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Page 1 of 1 Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)
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Accident Date Accident Date Day of Week Military Time No. of Vehicles O Accident Reconstructed Day of Week No. of Vehicles O Accident Reconstructed O Day Yes No. of Vehicles O Accident Reconstructed O Day of Week No. of Vehicles O Accident Reconstructed O Day of Week No. of Vehicles O Accident Reconstructed O Day of Week No. of Vehicles O Accident Reconstructed O Day of Week O Accident Reconstructed O Day of Week No. of Vehicles O Accident Reconstructed O Day of Week O O Accident Reconstructed O Day of Week O O Accident Reconstructed O Day of Week O O O O O O O O O
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Reference Marker Coordinates (if available) Place Where Accident Occurred: County MONROE County MONROE
THURSTON RD
at 1) intermedian street SAWVER ST (Route Number of Street Name)
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Accident Description/Critical's Notes 8N 3-26-10 AT 7331 MICS THE DRIVER OF VEH 1 STATES
SOWLERS F ATTEMPTED TO MAKE LEFF TURN ONTO SOUTHBOUND THURSTON, VEH #1
WHO HAD RIGHT OF WAY T-BONED VEH #7 STATED VEH HI
WAS TRAVETING FASTER MAN SHE ANTICIPALED. None dell'impled. Date of Death Only
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Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19												
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7 C Box 1 - Point of Impact 5 Box 2 - Most Damage 9 10 2 4. 16.	8 ->- 10												
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at 1) intersecting street (Route Number or Street Name)													
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Accident Description/Officer's Notes \(\frac{1}{2} \) was parted an accident on the estimate of the without	to the tries												
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breaking trillight V' continued driving north for nearly three blocks with windred	M. Force 355-7632												
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved	Date of Death Only												
1 A 1 1 4 1 21 M 6 Kassan khalil M.													
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land Signature P J J A CAT Troop/Zone Sector Offices	3-20-10.1193												
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6	□ more than 95 inches wide; □ more than 95 inches wide; □ diagram in space #9. Number the vehicles. V □ more than 34 feet long; V □ more than 34 feet long; Rear End Left, Turn Right Angle Right Turn Head On	2											
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	Page 1 of 2 Pages New York State Department of Motor Vehicles Local Codes																		
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Local Codes 11-390232 New York State Department of Motor Vehicles

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

FQ7132000143

■ AMENDED REPORT

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Page 4 of 4 Pages

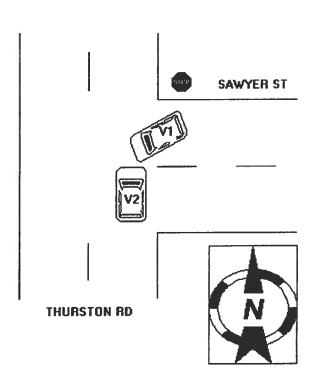
Local Codes 11-379510

New York State Department of Motor Vehicles

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

FQ7126000148 ■ AMENDED REPORT

Accident Da	ale		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 12	Day 2	Year 2011	Friday	11:59	Vehicles 2	0	0	Accident Reconstructed		☐ Yes ☑ No



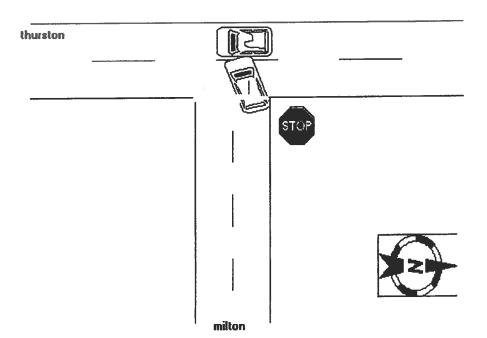
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Local Codes 11-365477 FQ7132000132 New York State Department of Motor Vehicles

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

AMENDED REPORT

Accident D	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	☐ Left Scene	Police Photos
Adverth	Day	Year	Day or track		Vehicles	1110				1 1
Month	Day		Post dans	1 12 20	1 401110100	n	l n	Accident Reconstructed	n: 11	☐ Yes ☑ No
11	I 18	2011	Friday	13:39		"	ı •	Accident Reconstructed		100 0



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	4 - 1					more th	nan 34	feet ion	ia:			9	ace#9. N			Turn H	lead On		
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	18.	. OVERTURNED	19. OTI	ÆR		. ┗	-7	上	__		C	ost of repair	s to any o	ne vehide will b				\neg	
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			rtment of Motor Vehicles
	Local Codes 11 - 365218		DENT REPORT
	F07120000121	MV-104/	A (3/04)
П	AWIENDED KEF		No Injured INo Killed Not Investigated at Scene Left Scene Police Photos 20
	Month Day Year	y Time No. of Vehicles 8:57 2	No. Injured No. Killed Not Investigated at Scene ☐ Left Scene Police Photos 20 2 0 Accident Reconstructed ☐ ☑ ☑ Yes ☐ No
L	11 18 2011 Friday 0	5:57 2	□ VEHICLE □ BICYCLIST □ PEDESTRIAN □ OTHER PEDESTRIAN
2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver State of Lic. License ID Number 21
	Driver Name - exactly	I	Driver Name - exactly
	es printed on license Address (Include Number and Street)	Apt. No.	as printed on license Address (Include Number and Street) Apt. No.
		71.0	City or Town State Zip Code 22
	City or Town State	Zip Code	Sale apost
3	Date of Birth Sex Unlicensed No. of Occup	Property -	Date of Birth Sex Unlicensed No. of Occupants Public Property Department of Device Property Device Prope
	Name - exactly as printed on registration Sex [C	Damaged Pale of Birth	Name - exactly as printed on registration Sex Date of Birth 23
		Month Day Year	MOTHIT Day 1881
4		iat. 'Y 🗂 🛚	Address (Include Number and Street) Apt. No. Haz. Released Mat. Code C
	City or Town State	Zip Code	City or Town State Zip Code 24
<u> </u>	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		Ticket/Arrest
	Number(s)		Number(s)
	Violation Section(s)		Violation Section(s) 25
6		nvolved vehicle is: than 95 inches wide;	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
ľ	E ☐ more than 34 feet long, E ☐ more	than 34 feet long; ted with an overweight	The Time Block April Block Turn Heart On
	operated with an overdimension permit.	ed with an overdimens	sion permit. 1. 3. 7.
	C VEHICLE 1 DAMAGE CODES C VEH	HICLE 2 DAMAGE CO	DDES Sideswipe (same direction) Left Turn (same direction) Left Turn (same direction)
7	E Box 2 - Most Damage E Enler up to three 3 4 5 E	3 1	4 5 ACCIDENT DIAGRAM
L	more damage codes		27
	Vehicle Bv: Towed: To: Vehicle Bv: Towed: To:		
	VEHICLE DAMAGE CODING:	4 6	· ,
	1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED		
	15. TRAILER 18. NO DAMAGE 2 16. OVERTURNED 19. OTHER	— 1º	9
	15. GYERIGINES		Cost of repairs to any one vehicle will be more than \$1000.
		12 11	10 Unknown/Unable to determine Yes No
	MC MC	ere Accident Occurre	- I
	Lattitude/Northing: County_MC		City Village Town of
		hich accident occurred	(Raule Number or Street Name)
	Longitude/Easting: at 1) inter	secting streetN	(Route Number or Street Name)
	fee	t miles E	W (Milepost, Nearest intersecting Route Number or Street Name) 30
	Accident Description/Officer's notes BEING EXAMINED AT STRONG HOSPITAL.		
	ADDITIONAL TICKETS FOR DRIVER #1 - 7 WITNESS #1 - PAMELA WALKER ROCHES		1.41 5) 802-7530 Ext.
	WITNESS #2 - GWENDOLYN CAMPBELL R	OCHESTER NY	(585) /39-/295 EXC. (585) 423-5563 EXC.
	WITNESS #3 - ROBERT FARRELL ROCHE	STER NY (58	85) 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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	Officer's Rank and Signature Officer	Badge/ID No. N	CIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Reviewed Troop/Zone Sector Joseph 11/28/2011
ľ	Print Name Bryan .T Mungon	1399 02	1701 Joseph, 11/28/2011 David A 14:48
l	in Full Bryan o Fluitson		12222

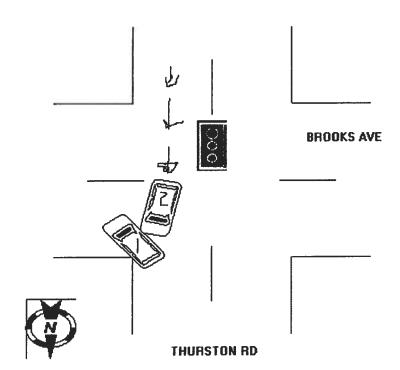
Local Codes 11-365218

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

FQ7132000131 ■ AMENDED REPORT

Accident Date	9		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 11	Day 18	Year 2011	Friday	08:57	Vehicles 2	2	0	Accident Reconstructed		☑ Yes ☐ No



	Page 1 of	1 Pages								or Vehicles						1
	Local Codes	55002		PC	LIC				F	REPOR	RT					19
		000007			n co (m/m)	MV	-104	A (3/04)								17
1	Accident Date		Day of Wee	DED REF	ORT) INO	of .	No. Injure	a li	No. Killed	let Investige	ated at Scen	e 50 Left Scen	ne I Polit	ce Photos	20
	Month Day 11 18	Year 2011	Frida		07:02	Veh	of iicles 2	0	70	- 1		constructed			es 🖾 No	-
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2	VEHICLE 1 - Driver License ID Number					State of	Lic.	VEHICLE 2 License ID	- Dri Num	iver 52343 ber	37231			St	ate of Lic. NY	21
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	Address (Include Number	er and Street)				Apt	. No.	Address (In	clude	Number and					Apl, No.	
	City or Town		Sta	le	Zip Co	ode		507 BR City or Tow	_	KS AV		Sta		ip Code	1	22
3	Date of Birth	Sex U	nlicensed	No. of Occu	pants I p	Public		ROCHES Date of Birt			Sex [Un	N' licensed	Y 1461 No. of Occupants			╚
2	Month Day Yes			UN	P	roperty Damaged			Day 1	Year 1987	F		03	Propert Damag		
Ч	Name - exactly as printe	d on registration		Sex	Date of E	3irth	'ear			s printed on re		·	Sex Date	of Birth	Year	23
	LSA, Address (Include Numbe	r and Sireel)		Apl. No.	Haž. Mat.		ased			, LISA Number and			Apt. No. Haz. Mat.		1987 Released	5
4	•				Code	- ! !		507 BR	00				Code	е		<u> </u>
1	City or Town		Sta	te	Zip C	ode		ROCHES	TE			Sta: N	y 1461	-		24 7
	Plate Number UNKNOWN	itale of Reg. Vehi	cle Year & Ma	ke Vehic	le Type	Ins. Co	ode	Plate Numb FLF401		State of NY	- 1	e Year & Make 7 CHRY	Vehicle Typ SUBN	pe Ins	s. Code 000	H
1	Ticket/Arrest							Ticket/Arres	st	*****						1
Н	Number(s) Violation			-				Violation								25
	Section(s) Check if involved	vehicle is:		Check if	involved	l vehicle i	s:	Section(s)	C	ircle the diag	ram below t	hat describe	s the accident, o	or draw y	our own	1
6	V more than 95	Inches wide;	-	V more	than 95 than 34	5 inches v	vide; 1:		di	agram in spa	ice #9. Nun	ber the veh	ides.	Head Or		
1	E more than 34 feet long;															
	C VEHICLE	1 DAMAGE CO			HICLE	2 DAMAC		DES	T is	ideawipe	Left Turn	† (*)	Right Turn	Sideswip	pa a direction)	26
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2	Enter up to three	tes 3	4 5	Enter up			3	4 3	A	CCIDENT D	IAGRAM					
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			rtment of Motor Vehicles
	Local Codes 11-359621		DENT REPORT
	7070200000	MV-104	A (3/04)
ī	AWENDED KER		No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 20
	Month Day Year	ary Time No. of Vehicles 2	No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 1 0 Accident Reconstructed
	VEHICLE	70:40 2	U VEHICLE DISCYCLIST PEDESTRIAN OTHER PEDESTRIAN
2	VEHICLE 1 - Oriver License ID Number	State of Lic.	VEHICLE 2 - Oriver :Liconse ID Number 21
1	Driver Name - exactly		Driver Name - exactly
_	as printed on license Address (Include Number and Street)	Apt. No.	as printed on license Address (Include Number and Street) Apt. No.
	City or Town State	Zip Code	City or Town State Zip Code 22
			Dale of Birth Sex Unlicensed No of Occupants Public
3	Date of Birth Sex Unlicensed No. of Occur Month Day Year I	Property	Month Day Year Damaged
		Damaged Date of Birth	Name - exactly as printed on registration Sex Date of Birth
		Month Day Year	MOILLI Say real
4	Address (Include Number and Street) Apt. No.	Mat. (Released Code)	Address (Include Number and Street) Apt. No. Haz. Released Mai. Code
	City or Town State	Zip Code	City of Town State Zip Code 24
-	Plate Number State of Reg. Vehicle Year & Make Vehicle	de Type Ins Code	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code
5	Ticket/Arrest		TickeVArrest
	Number(s)		Number(s)
	Violation Section(s)		Violation Section(s)
6	Check if involved vehicle is: V ☐ more than 95 inches wide; V ☐ more	involved vehicle is: than 95 Inches wide;	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
ľ	E more than 34 feet long; E more	e than 34 feet long; ated with an overweight	There But Last Time Short Apple Right Turn Head On
	perated with an overdimension permit.	ated with an overdiment	sion permit. 1. 5. 7.
	C VEHICLE 1 DAMAGE CODES C VI	EHICLE 2 DAMAGE CO	DDES Sideswipe (same direction) Left Turn (sideswipe (opposite direction) 20
7	Box 2 - Most Damege E Enter up to three 3 4 5 E	3	4 5 2 0 4 18 18
	nore damage codes		ACCIDENT DIAGRAM
	1 Vehicle By: Towed: To:		
- 1	VEHICLE DAMAGE CODING:	4 6	5 7
	1-13 SEE DIAGRAM ON RIGHT.		
	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE	— (12	• 9
4	16. OVERTURNED 19. OTHER	\	Cost of repairs to any one vehicle will be more than \$1000.
	, -	12 11	10 9 Unknown/Unable to determine Yes No
	Reference Marker Coordinates (if available) Place Wi	here Accident Occurre	ed:
	Lattitude/Northing: County N	ONROE	City Village Town of
	Road on	which accident occurre	
	Longitude/Easting: at 1) into	ersecting street	(Deute Number or Street Name)
	or 2)		W S of (Milepost, Nearest Intersecting Route Number or Street Name)
	Accident Description/Officer's notes	Hures .	30
	WITNESS DEPOSTION FROM PASSENGER PROCESSED THE SCENE	3 WAS TAKEN E	
	ADDITIONAL TICKETS FOR DRIVER #1 - (CA04000RFQ, 50	091 / CA04000TFQ, 1225 COVER 1300 Fact Section 1
	WITNESS #1 - TIFFANY OWENS 71 ALBI	ERTA ST ROCHES	STER NY (585) 354-1309 Ext.
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A Ja	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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E	officer's Rank officer ///O	Badge/ID No. N	ICIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Reviewed 11/14/2011
Į.	Print Name Marthew Williamson	2200 02	701 Juan M 00:21
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Page 4 of 4 Pages

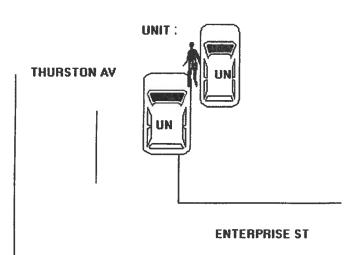
Local Codes 11-359621

New York State Department of Motor Vehicles

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

FQ7232000107 AMENDED REPORT

- [Accident Da	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
- 3	A demails	Davi.		Day or Work	TANKER A LILLIO	Vehicles	140 Illianea	110.11	hant massidated at Scene []	Lest Occine	I I Ollog I Hotos I
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-	Mont			Year	1 "			-	J Ve	of chicles	0	~					⊠ Yes		1
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-		Name - exactly	LSA								Driver Nam	18 - 8	xactly PARI	CED.				722	1
		ted on license		<u> </u>					ĪΑ	pt. No.	as printed		ense Number and				LA	ot, No.	لـ
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	City or	Town				State		Zip C	ode		City or Tow	/TI			Sla	ete 2	Zip Code	22	7
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4	Addres	s (Include Num	ber an	a Street)		ľ	pt. No.	Haz. Mat.	- i Re	leased			Number and STON RD			Apt. No. Haz Mai Coo			
4	City or	Town			-	State		Code Zip C	ode	_	City or Tow	m			Sta	ate 2	Zip Code	24	П
	<u> </u>										ROCHES					y 146			
		lumber NOWN	State	of Reg. Ve	hicle Year &	Make	Vehic	le Type	ins. (Code	Plate Numb ECZ154		State of NY	*	Year & Mak GEO	e Vehicle Ty 4DSD		ode 82	۷
5	Ticket	NOWN Arrest									Ticket/Arres		1 147	11333		1.000			
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	Violation										Violation Section(s)							25	7
	$\overline{}$	neck if involve	d veh	ide is:			Check if	involve	d vehicle	ie.	Occubin(3)	Ic	ircle the diad	ram below ti	hat describe	es the accident,	or draw your	own 1	ı
6] V [more than 9	35 inc	hes wide;		⊻	☐ more	than 9	5 inches	wide;		đi	agram in sp	ace#9. Nun	ber the vel	nicles.	,		4
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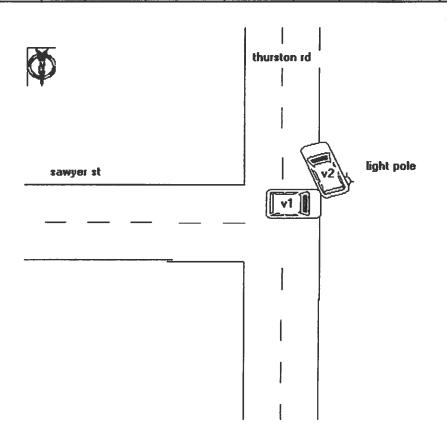
Local Codes 11-352238

FQ8004000036

New York State Department of Motor Vehicles

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

	FQ8004	000036	AMENDED	REPORT.							
Accident D			Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene		Left Scene	Police Photos
Month 11	Day 6	Year 2011	Sunday	01:02	Vehicles 2	0	0	Accident Reconstructed	ō	X	⊠ Yes □ No



	Page 1 o	f 2 Pages							fotor Vehicle				•	1
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		2000007				MV	/-104 <i>/</i>	A (3/04)						69
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-	Accident Date Month Day	Year	Day of Week Wedneso	I	ry Time 3 : 14	Vei	of hicles 2	No. Injured	No. Killed		gated at Scene Reconstructed		☐ Yes ☑ N	
L	11 2	2011 V	EHICLE 1	lay 1	3:14			☑ VEHIC		YCLIST	PEDESTR		ER PEDESTRI	
2	VEHICLE 1 - Oriver License ID Number 8					State of	f Lic.	VEHICLE 2	Oriver 7838	90740			State of Lic NY	21
-	Driver Name - exactly as printed on license					14.1		Driver Name	- exactly DDO	WN. SHA	ANE A			69
Ш	as printed on license Address (Include Num		AY B			I Ap	t. No.	as printed or	lude Number an				Apt. No	D _e
	36 HOBART S								IGSBORO S		Sta	7	ip Code	22
	City or Town ROCHESTER		State NY	14	Zip Coo 611			ROCHEST	rer		N'	Y 1461	Ľ9	7
3	Date of Birth Month Day Y	Sex U	nlicensed	No. of Occu		iblic operty	П		ay Year	Sex M	Unlicensed	No of Occupants 01	Property -	\Box
3	11 20 19 Name - exectly as prin	163			Date of Bi	maged rth	ᆜ	5 1 Name - exac	9 1988 ly as printed on	1		Sex Dale	of Birth	23
	SCOTT, JIMM			M	Month	Day '	Year 963	BROWN,	SONIA A			F Mon	23 195	8 5
4	Address (Include Num	•			T8Z. Wal		eased		lude Number an NGSBORO			Apt. No. Haz. Mat. Code	Release	d
1	36 HOBART S'	I	Stat	e	Zip Co		- -	City or Town		31	Sta	le Z	ip Code	24
	ROCHESTER	State of Reg. Vehic	N Y cle Year & Mak	_	L4611 le Type	Ins. C	ode	ROCHEST Plale Number		of Reg. Veh	N ide Year & Make		pe Ins. Code	3
5	CUT8045		00 CHEV	PIC			28	EXE607		Y 20	08 DODG	4DSD	100	
1	Ticket/Arrest Number(s)							Number(s)	·					
	Violation Section(s)							Violation Section(s)						25
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7	Box 2 - Most Da	mage	2 2	Box 2 - M E Enter up	ost Dam	age	3	1 1	2 -	0 %	4.	8.	0	لسل
1	E Enter up to three		1 1	more dan	nage cod	ies 9			ACCIDENT	DIAGRAM				27
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				or 2)fe	el	miles		_ w	of(Miler	ost, Nearest	intersecting Rou	te Number or Stree	et Name)	30
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Ě	Officer's Rank			<u> </u>	Badge	/ID No.	I N	CIC No.	Precinct/Pos		Beat Revie	wing Officer	Date/Time Re	viewed
рl	and Signature Of:	ricer							Troop/Zone	Sector		erto,	11/11/20	011
	Print Name Adam	M Johnstor	1		1785		102	701		1	Edwa	ard A	04:32	

	Page 2 of 2 Pages		ew York State (•							1
	Local Codes	PO	LICE AC	_		REPO	RT				19
	11-348316 FOPR02000007			-104/	A (3/04)						Ш
T	Accident Date Day of	ENDED REF		of	No. Injured	No. Killed	Not Investigat	ed at Scene	☐ Left Scene	Police Photos	20
	Month Day Year			of nicles 2	1	0	Accident Rec			☐ Yes 🖾 No	ll
	VEHIC				U VEHIC		CLIST [PEDESTRIA	INTO III	ER PEDESTRIAN State of Lic.	
2	VEHICLE 1 - Driver License ID Number		State of	Lic.	VEHICLE 2 - License ID N		-			State of Cic.	21
	Driver Name - exactly as printed on license				Driver Name as printed on					ii	
	Address (Include Number and Street)		Ар	I. No. ¹	Address (Inch	ude Number and	Street)			Apt. No.	
	City or Town	State	Zip Code		City or Town			State	Zip	Code	22
3	Date of Birth Sex Unlicense	d No. of Occu			Date of Birth		Sex Unli	icensed N	lo of Occupants	Comments ===	\square
	Month Day Year		Property Damaged			ly as printed on r	egistration		ex [Date of	Damaged Damaged	<u></u>
	Name - exactly as printed on registration	Sex	Date of Birth Month Day	Year	Name - exact	ay as primed or i	adizaanui	٥	Month		23
-	Address (Include Number and Street)	Apt. No.		eased	Address (incl	ude Number and	Street)	Ā	Apt. No. Haz. Mat. Code	Released	۳
'	City or Town	State	Code V	-	City or Town			State		Code	24
<u></u>	Plate Number State of Reg. Vehicle Year	& Make Vehi	cle Type IIns. Co	ode	Plate Number	r State o	Reg. Vehicle	Year & Make	Vehicle Type	e Ins. Code	1
3					Ticket/Arrest						abla
	Ticket/Arrest Number(s)				Number(s)						
	Violation Section(s)				Violation Section(s)	- 11					25
6	Check if involved vehicle is:		involved vehicle in than 95 inches v					nat describes to ber the vehicle		r draw your own	Ш
	E more than 34 feet long;	IF! □ more	than 34 feet long ated with an over	a: ·	permit;	Rear End	Left Turn	Right Angle	Right Turn	Head On	
	H O operated with an overweight permit; O operated with an overdimension perm VEHICLE 1 DAMAGE CODES	iit.	ated with an over	dimen	sion permit.	1.	3.	1 +	5.	7. Sideeripe	26
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7	E Enter up to three 3 4	3 E	27	3	4 5	ACCIDENT D	IAGRAM	.14	16. 7		厂
	more damage codes	2 Vehicle 6	Bv:	_1_	4						27
	Towed: To:	Towed:	Γο; 4 δ		8	{					
	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.	3 /		7	<u> </u>						
	14. UNDERCARRIAGE 17. DEMOLISHED	2 _	/ 13			1.					
	16. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	\ <u></u>	\	\prod	l l	9. Cost of repair	s to any one v	vehicle will be	more than \$10	100.	28
		1 1	12 11		10 9		wn/Unable to		Yes	□ No	Ш
	Reference Marker Coordinates (If availa	able) Place W	here Accident O	ccurre	ed:						
	Lattitude/Northing:	County N	ONROE		Cit	y 🗆 Villag	e 🛭 Town	n of			29
		Road on	which accident o	ccurre	d		(Route Numb	er or Street Na	me)		
	Longitude/Easting:	at 1) into	ersecting street _		v s ,			oer or Street Na			
		or 2)	et miles	- E		of (Milepo	st, Nearest inte	rsecting Route	Number or Street	l Name)	
	Accident Description/Officer's notes HIM. (VEH 1) COULD NOT ANT	יד פור אייב ייי	HIS OCCUPT	NG E	RECAUSE	HE COLLT	NOT SEE) APPROAG	CH THE	30
	INTERSECTION BECAUSE OF SA	ID BEER T	RUCK (V	EH 1	L) HAD T	THE RIGHT	OF WAY	WHEN HE	STRUCK	(VEH	USE COVER SHEET
	2) ON THE DRIVERS SIDE DOC RESULT OF THE ACCIDENT AND	R. THE DRI WAS TRANS	IVER OF (V SPORTED TO	EH 2 STR	ONG FOR	YAINED OF	NECK AN	NU BACK RURAL ME	TRO	3	
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V				n-11-1	1010 11-	Decel- :4/2- 1	Daction ID	et Deview	ing Officer	Determine Control	
E C	Officer's Rank and Signature Officer	Toher	Badge/ID No.	N		Precinct/Post Troop/Zone	Station/Bea	Alber	ing Officer	Date/Time Revie	
I I	Print Name Adam M Johnston		1785	02	701		<u> </u>	Edwar	•	04:32	

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New York State Department of Motor Vehicles

Page 1 of 3 Pages

in Full

	Page 2 of	3 Pages								or Vehicles						1	1
	Local Codes	1025		POL	LICE					REPOF	RT						19
	11-337					MV	′-104 <i>/</i>	A (3/04))								
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	Driver Name - exactly							Driver Na	me - e	xactly							
	as printed on license Address (Include Number	and Street)				Ap	t. No.		-	e Number and	Street)			**.		Apt. No.	\Box
	City or Town		State		Zip Cod	te		City or To	wn	링			State	Žir	Code	The fi	22
		ISan Marti		No. of Occupa		blic		Date of B	rih	15	Sex (Unlicensed	No. o	of Occupants	Public		
3	Date of Birth Month Day Year	Sex Unlie	censed 1	NO, DI GGGAPI	Pn	operty maged		Month	Day	Year			1	·	Property Damaged	, 🗆	
	Name - exactly as printed	on registration		Sex D	ate of Bi	rth	Year	Name - ex	cactly a	as printed on re	egistration		Sex	Date	of Birth	Year	23
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	City or Town		State		Zip Co	de	_	City or To	own				State		Code"		24
	Plate Number Str	ale of Reg. Vehicle	Year & Make	Vehicle	Туре	Ins. C	ode	Piate Nun	nber	State of	Reg. Vehi	icle Year &	Make	Vehicle Type	e Ins.	Code	تـــا
5	Ticket/Arrest							Ticket/Am Number(s									
	Number(s) Violation							Violation		(41.49)		Magazini 1 T		14.0			25
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6	V ☐ more than 95 i	nches wide;	V E	more t	han 95	inches	wide;		d	iagram in sp	ace #9. No	umber the	vehides.	ght Turn	Head On		
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7	Box 1 - Point of Imp Box 2 - Most Dama		' L	.		_		'	2 (Serina direction	0	4.	8.	-	0. →	_	Ш
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				1	12	11		10			wn/Unable			Yes	□ M	0	ш
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				Road on w	hich ac	cident o	occurre	d			(Route No	umber or St	reel Name)			
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				or 2)	- -	miles		N S E W	of.	(Milepo	st, Nearest	intersecting	Route Nu	mber or Stree	t Name)		
	Accident Description/C PROPERTY DAMA	fficer's notes	OLD #0) EDC	NT D	חם כינו	OF '	510 TT	יסוד	מם ואסדו	GM C	CRDON	612 T	HURSTO	N ROAT)	30
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V E	Officer's Rank and Signature OFFI	000 K	<u></u>		Badge	/ID No.	Page 1	ICIC No.		recinct/Post	Station/	- 1	eviewing			me Revi	
D	and Signature OFFI Print Name	CER). /	1 KJE	7	2091		0:	2701		roop/Zone 152	Sector WEST	K	oehn,	Kevin	11/6	/2011 4	
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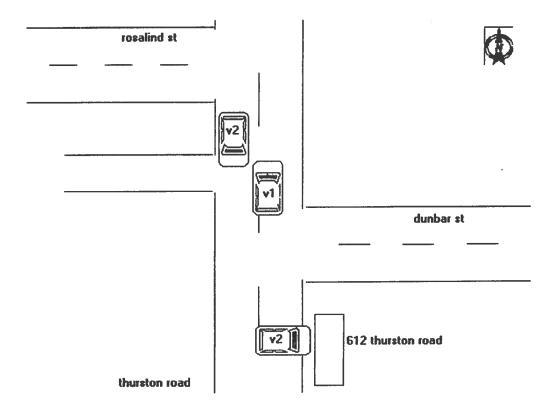
Local Codes 11-337935

New York State Department of Motor Vehicles

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

FQA097000069 ■ AMENDED REPORT

	_										
-	Accident Da	ale		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not investigated at Scene	Left Scene	Police Photos
	Month 10	Day 23	Year 2011	Sunday	15:05	Vehicles 2	1	0	Accident Reconstructed		⊠ Yes □ No



	Page 1 of	3 Pages				-		ment of M			_				1	ı
	Local Codes			PO	LICE	E AC	CII	DENT	REP	OR	RT				1	19
	11-303	2222				MV-	104/	4 (3/04)								17
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	Page 2 of	3 Pages					-			or Vehicle						ı
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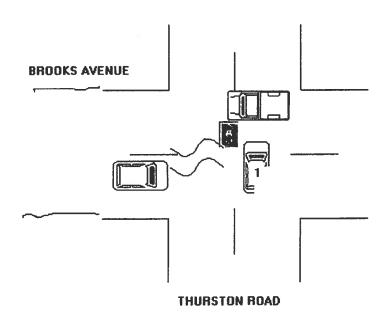
Local Codes 11-303212

New York State Department of Motor Vehicles

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

FQA034000034 AMENDED REPORT

Accident D	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not investigated at Scene D	Left Scene	Police Photos
Month	Day	Year	Thuraday		Vehicles	1	_			⊠ Yes □ No
9	22	2011	Thursday	06:58	3	L		Accident Reconstructed L	<u>, </u>	Mares Lino





Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	19 X
AMENDED REPORT DMV COPY	00
Accident Date Day of Week Military Time Vehicles O Accident Reconstructed The Control of the	No X
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City or Town State Zip Code City or Town State Zip Code	22
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1/ 3/4 DENEMBER COde 1 170 JOS DVICE RD Code	24
City or Town State Zip Code City or Town State Zip Code Roches TER, NY 14624	11
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6	41
E operated with an overweight permit; H operated with an overdimension permit. H operated with an overdimension permit. E operated with an overdimension permit. E operated with an overdimension permit.	-
1 VEHICLE 1 DAMAGE CODES 1 VEHICLE 2 DAMAGE CODES Sideswipe Left Turn Sideswipe (opposite direct	26 ion)
7 L Box 1 - Point of Impact Box 2 - Most Damage Box 2 - Most Damage 12 12 12 1 2	- 10
E Enter up to three more Damage Codes 3 4 5 E Enter up to three more Damage Codes 3 4 5 ACCIDENT DIAGRAM	- 07
Vehicle By	27
	H
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT.	
14. UNDERCARRIAGE 17. DEMOLISHED 2 13 6 9.	20
15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	28
Reference Marker Coordinates (if qualitation Place Where Accident Occurred:	
Latitude/Northing: County MONROE Decity Village Town of KOCHETER	
Road on which accident occurred 730 THURSTON RO (Rouse Number or Street Name)	
at 1) Intersecting street (Route Number or Street Name)	
or2) 300 DE OW of BROOKS PACE.	_
Accident Description/Officer's Notes VSH-1 WAS NB WHEN IT STAUGE VEH-2, WHILE ATTEMPTON	30
TO DARK: PARTIES EXCHANGED INFORMATION, BOTH VEHICLES WERE RENTALS +	
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and Signature V Troop/Zone Sector Officer	500
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	Page / of / Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	
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	r or Town State Zip Code City or Town State Zip Code City or Town State Zip Code City or Town State Zip Code City or Town State Zip Code City or Town State City or T	-
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	me-exactly as printed on registration Sex	3
4 ^	tross (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Mat. Code	ы
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1 1	Ticket/Arrest wher(s) Ticket/Arrest Number(s)	
	lation Violation Section(s) 25	7
6	Check if involved vehicle is: I more than 95 inches wide; I more than 34 feet long; V Check if involved vehicle is: I more than 34 feet long; 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	
Щ;	□ operated with an overweight permit; □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit.	State .
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	16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	Ţ
	leference Marker Coordinates (if available) Place Where Accident Occurred: County Moural Colty Village Town of Rockestes	
-	Road or which accident occurred Thurstow (Route Number or Street Name)]
-	Longitude/Easting: at 1) Intersecting street KoSafrad. 5T.	7
A	Feet Miles , (Milepost, Nearest intersecting Route Number or Street Name)	7
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Ľ	2 passenger-side area Danage to V2 vone to V. No injuries will	ER ET
E	reported.	_
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1	Accident Date Day of Week Militia Month Day Year	ary Time No. of Vehicle	No. Injured	No. Killed	lot Investigated at Sce			20
Ľ	8 20 2011 Saturday 2	22:35 0	0		Accident Reconstructed		⊠ Yes □ No	_
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2	VEHICLE 1 - Driver License ID Number 552575016	NY	License ID N				- L	21
3	Driver Name - exactly as printed on license JONES, VAN		Driver Name as printed on					
	Address (include Number and Street)	Apt. No	_	ude Number and	Street)	T 100 - PAR - 1001	Apt. No.	
	133 GLIDE ST City or Town State	Zip Code	City or Town		s	tate Zip	Code 2	22
	ROCHESTER NY 1	4619				·		
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	JONES, VAN Sex M	Date of Birth Month Day Year		ly as planed on to	·giotiatori	Month	Day Year	23 7
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5	BDS4219 NY 2000 DODG BIG	CY 169	Ticket/Arrest				1	
1	Number(s)		Number(s)					
	Violation Section(s)		Violation Section(s)				7	25
	Check if involved vehicle is: Check if	involved vehicle is:			ram below that describ		draw your own	1
6		e than 95 inches wide e than 34 feet long;	;	diagram in spa	Left, Turn Flight Ang		Head On	
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		which accident occur			(Route Number or Stree	t Name)		
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	or 2)		ON DS o)f(Milenos	st, Nearest intersecting Ro		Name)	
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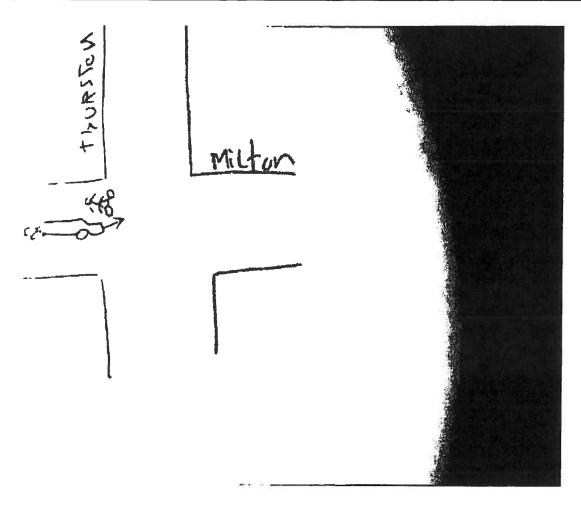
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Local Codes 11-264160 FQ7325000016 New York State Department of Motor Vehicles

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

■ AMENDED REPORT

Accident D	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	☐ Left Scene	Police Photos
Month	Day	Year	1 .		Vehicles					
8	20	2011	Saturday	22:35	1	0	ļo	Accident Reconstructed		☑ Yes ☐ No



	Page 1 of 2 Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19
	MV-104A (6/04) 11-246037 MMENDED[REPORT, DMV COPY DMV COPY	41
-	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Kitted Not Investigated at Scene Left Seene Police Photos 2 No. Injured No. Kitted Not Investigated at Scene Left Seene Police Photos 2 No. Injured No. Kitted Not Investigated at Scene Police Photos 2 No. Injured No. Kitted Not Investigated at Scene Police Photos 2 No. Injured No.	20
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ŀ	Road on which accident occurred 481 Thurs for Rd. at 1) intersecting street Sawyer St. (Route Number or Street Name)	9
	Longitude/Easting: (Route Number or Street Name)	
t	Accident Description/Officer's Notes (V3) Was stopped in traffic facing SB on Thurston Rd propagation Whiting for 31	P
	another univolved vehicle to turn onto Sawyer St (1/2) +(V3) were travelity SB on Flurdon Rd responding to a call for service, (1/2) began to slow down with 1/3) in front of	JSE OVER
	him. (VR) + soleling behind (V2) was attempting to use his partol car congular to verily the address of the call. I) river of (V1) was unable to stop completely before striking (V2) which then struck of	IVER IEET
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	Page 2 of 2 Pages New York State Department of Motor Vehicles	
1/	POLICE ACCIDENT REPORT MV-104A (6/04)	19
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-	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. In	-
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ت ا	License ID Number Driver Name - exactly Bell Samue E Driver Name - exactly as printed on license Bell Samue E Driver Name - exactly	21
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	CARDOT TOWN State Zip Code Q City or Town State Zip Code	22 —
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4	Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Mat.	.)
1	Code City or Town State Zip Code City or Town State Zip Code	24 0
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5	Ticket/Arrest Ticket/Arrest Number(s)	
<u> </u>	Violation Violation Section(s) Section(s)	25
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	V more than 34 feet long; V more than 34 feet long; E operated with an overweight permit; H operated with an overdimension permit. H operated with an overdimension permit.	
<u> 7</u>	VEHICLE DAMAGE CODES VEHICLE 2 DAMAGE CODES Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) Left Turn Right Turn Sideswipe (opposite direction)	26
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	Vehicle By Towed:	27
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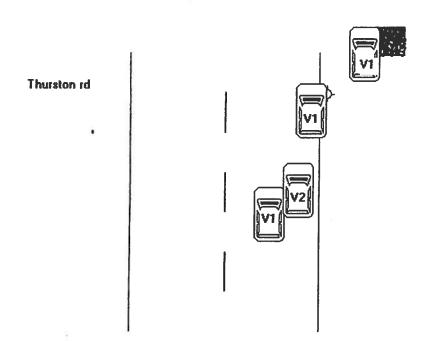
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-	Driver Name - ex as printed on lice	ectly nse HAR	VEY, WI	LLIE G					Driver N as printe	ame - d	exactly PAR	KED,					_
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Local Codes 11-221518 FQ7162000037 New York State Department of Motor Vehicles

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

AMENDED REPORT

Accident Da	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 7	Day 16	Year 2011	Saturday	15:12	Vehicles 2	0	0	Accident Reconstructed		⊠ Yes □ No





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1	Ticket// Number										Ticket/Arr Number(s]
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Local Codes 11-219091

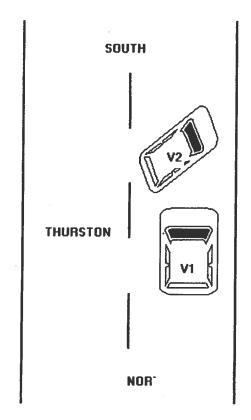
New York State Department of Motor Vehicles

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

FQ7242000052

■ AMENDED REPORT

Accident Date Day of Week Military Time No. of No. Injured	[No. Killed Not Investigated at Scene ☐ Left Scene Police Photos
Month Day Year Vehicles	The same of the sa
7 14 2011 Thursday 17:04 2 0	0 Accident Reconstructed □ □ □ Yes ☑ No



Page OF Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	3
MV-104A (6/04) DMV COPY	
Accident Date Day of Wook Military Time No. of Vehicles No. Injured No. Killed No.	□no RIAN
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Name-exactly as printed on registration Sex Date of Birth Month Day Year HANG Nem Agents Address (Include Number, & Street) App. 100. Haz Blabesed Address (Include Number & Street) App. 100. Haz Blabesed Address (Include Number & Street)	23 23 3 3 3 3 3
City or Town Webster State 17580 City or Town Rochester New Zip Code 106	24
5 Ticket/Artest Number(s) AA 59335152 AA 5933519 Number(s) Number(s) Violentice A 59335152 AA 5933519 Number(s)	96
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V Dinore than 34 feet long; E Di operated with an overweight permit; H Di operated with an overdimension permit. V Di more than 34 feet long; D operated with an overweight permit; H Di operated with an overdimension permit. Rear End Left, Turn Right Angle Right Turn Head On Toperated with an overdimension permit.	F 28
VEHICLE 1 DAMAGE CODES Vehicle 2 DAMAGE CODES Vehicle 2 DAMAGE CODES Sideswipe (same direction) Left Turn (some direction)	
Vehicle By 453 To EAST AVE AUTO Vehicle By 453 Toward: To EAST AVE AUTO	
VEHICLE DAMAGE CODING:	
14. UNDERCARRIAGE 17. DEMOLISHED 2 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER 19. DOWN Floor VI Cost of repairs to any one vehicle will be more than \$1000.	RR 28
12 11 10 Unknown/Unable to Determine 2Kes No. Reference Marker Coordinates (if available) Place Where Accident Occurred: Latitude/Morthing: County On The Decity Vijlage Town of Reference County On The Decity	<u>-</u> 30
Road on which accident occurred Thurston RD Road on which accident occurred (Beguts Number or Street Name)	
Lerigitude/Easting: Or 2) OR ON OS (Route Number or Street Name)	
Accident Description/Officer's Notes 1 Lias taveling NORTH ON Thurston RD and Values	30/
traveling south on Thurston RD. One of sain privers drifted into oncoming traffic,	$\Box \Box$
Flip and land on its root. Va spur around. Both cars pestroyes. Va suffered	
	Death Only
1 1 1 4 1 39 M 12 12 6 metro 2706 Danie L. CRUZ 1 B 2 1 4 1 39 F 2 10 6 metro 2706 Diem Ven HoanG	
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Officer's Rank and Signature 10 11 12 12 12 12 12 12 12 12 12 12 12 12	1456

1	Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT		1							
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	as printed on license as printed on license	Street Apt. No.	Ł							
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	City or Town State Zip Code City or Town	State Zip Code	_ [
3	Month Day Year Occupants Property Month Day Year		. -							
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	Section(s) Section(s)	diagram below that describes the accident, or draw your own	2							
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	16. OVERTURNED 19. OTHER Cost of rev	pairs to any one vehicle will be more than \$1000.	"							
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ŀ	Road on which accident occurred	(Route Number or Street Name)	23							
	at 1) intersecting street	(Route Number or Street Name)	┝							
	Con+15 - or 2) - IN IS IS IN I	post, Nearest intersecting Route Number or Street Name)	-							
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	inconsistent as some had VI coming from Shelbon TERR onto T		L							
	They were both on Thurston RD coming in opposite directions. Enterprise, 328-8269. TRON HUYNH 631 Thurston, 309-5533 as	no Mondre Pointer 616 Thurston	CON							
į	RD 211-7220. VI WAS AND 200 and was ticketen as such.	Nothing further Tech ON Scene	1							
A [a]	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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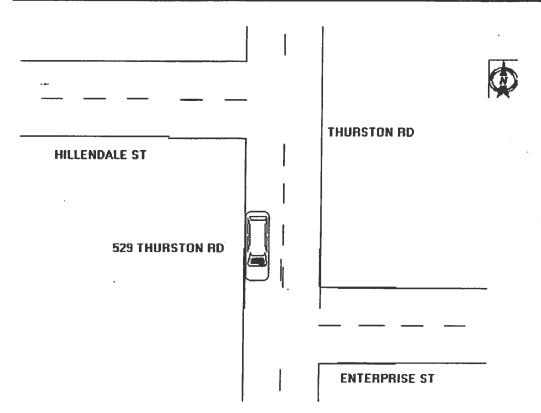
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3	Date of Birth	Sex	Unlicensed		Occupants			Date of Bir			Sex	Unlicensed	No. of Occupa	<u>'</u>		-
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4	City or Town		S	tate	Zip	Code		City or Too ROCHES		₹		Sta N	te Y 146	Zip Code 519		24
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5 2	Tickel/Arrest							Ticket/Arre	st	1 14	1 20	OO BOIC	4030			
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2	H ☐ operated with	an overweigh		lHl o	operated v	vith an ove	erweigh	t permit; sion permi	1	ar End	Left Turr	Right Angla	Right Turn	Head On	-	
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D la	nd Slonature Offic			<u>م</u> ـــ	138				Troo	p/Zone	Sector	Perk	owski,	7/3/:	2011	
li li	rint Name Steven	Name Steven J Alberto				5	02	701				Micha	el	20:3		

Local Codes 11-195689 FQ7235000028 New York State Department of Motor Vehicles

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

■ AMENDED REPORT

1	Accident Di	ale		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not Investigated at Scene (7 Left Scene	Police Photos
	Month 6	Day 26	Year 2011	Sunday	01:00	Vehicles 2	0	0	Accident Reconstructed [☐ Yes ⊠ No



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Page 3 of 3 Pages

Local Codes 11-192018 New York State Department of Motor Vehicles

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

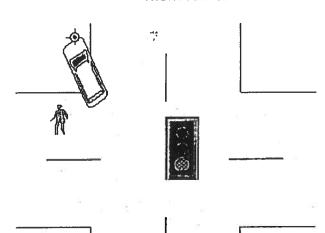
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BROOKS AVE

■ AMENDED REPORT

						_				
Accident Da	alo .		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not investigated at Scene	Left Scene	Police Photos
Month 6	Day 23	Year 2011	Thursday	16:08	Vehicles 1	0	0	Accident Reconstructed C		☐ Yes ፟ No

THURSTON RD





	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19
/	MV-104A (6/04) MV-104A (6/04) MV-104A (6/04)	<i>1</i> 1
7	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos O Accident Reconstructed Day of Week No. Injured No. Accident Reconstructed Day of Week No. Injured No. Accident Reconstructed	36
	VEHICLE 2 DICYCLIST DEDESTRIAN OTHER PEDESTRIAN	
1	Licenso ID Number 5// 184 399 MY License ID Number 38/ 65 7933 MY	230
	as printed on license	
	City or Town State Zip Code City or Town	22
3	Date of Birth Sex Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Occupants Property Month Day Year	
2	Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration	23
	Same Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released	2
4	Mat Code ☐	24
1	FOFS 176 Flote of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	3
5	# 198702 MY 2003 For 198 59 1000 NY 2009 Ayun 40 039	
1	Number(s) Number(s) Violation Violation	
	Section(s) Section(s) Check if involved vehicle is: Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own	25
9	☐ more than 95 inches wide; V☐ more than 95 inches wide; V☐ more than 34 feet long; V☐ more than 34 feet long; V☐ operated with an overweight permit; E☐ operated with an overweight permit; E☐ operated with an overweight permit;	·
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7	C Box 1 - Point of Impact 1 2 C Box 1 - Point of Impact 1 2 (same direction) 2 (opposite direction) 4 (opposite direction) 5 (same direction) 6 (apposite direction) 6 (apposite direction) 6 (apposite direction) 7 (apposite direction) 8 (apposite direction) 8 (apposite direction) 8 (apposite direction) 8 (apposite direction) 9 (apposite direct	1
1	E Enter up to three more Damage Codes 3 4 5 E Enter up to three more Damage Codes 3 4 5 ACCIDENT DIAGRAM	27
	Vehicle By Towed: To To	ï
	VEHICLE DAMAGE CODING: 7	
	1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 2 13 8 9	
1.	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	28 -
	12 11 10 LI Unknown/Unable to Determine LI Yes LIS No II Reference Marker Coordinates (if available) Place Where Accident Occurred:	-44
	Latitude/Northing: County Mentec Village Town of Whestes Road on which accident occurred Roads AV	7
	at 1) intersecting street Third on RD (Route Number or Street Name)	
	Longitude/Easting: (Route Number or Street Name) or 2)	
	Accident Description/Officer's Notes veh #/ was staveling will on Brods Av when she struck veh #2	30
	which Traveling Ell in Front of Voke 1. When Veh Blattempted to brake, she	USE
	Pushed the accelerator instead of the barke.	USE COVER SHEET
	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death 0	
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an Pri	d Signature V - Troop/Zone Sector Officer	/ ~~~
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Page 1 of 2 Pages New York State Department of Motor Vehicles	ı
POLICE ACCIDENT REPORT	19
11-153338 MV-104A (3/04)	4
FQ7223000018 AMENDED REPORT Accident Date Day of Week Military Time No. of No. Injured No. Killed Not Investigated at Scene III Left Scene Police Photos	0.0
- Month Day Year Vehicles	20 -
5 21 2011 Saturday 02:00 2 0 0 Accident Reconstructed U U Ves SINO VEHICLE 1 SATURDAY 02:00 2 D ACCIDENT RECONSTRUCTED U VEHICLE 2 BICYCLIST D PEDESTRIAN DOTHER PEDESTRIAN	
VEHICLE 1 - Driver License ID Number 699169245 State of Lic. NY License ID Number State of Lic. NY	21
Driver Name - exactly DARKED	_
as printed on license JOHNSON, ASHLEY T as printed on license FARRED, Address (Include Number and Street) Apt. No. Address (Include Number and Street) Apt. No.	
3 4 2 WOODBINE AVENUE City or Town State Zip Code City or Town State Zip Code	22
ROCHESTER NY 14619	
Month Day Year F C 01 Property Month Day Year C 00 Property	
Name - exactly as printed on registration Sex Date of Birth Name - exactly as printed on registration Sox Date of Birth	23
GLASGOW, LENETHIA L F 5 21 1980 DAVIS, ERIC D 6 7 1965	1
Address (Include Number and Street) Apt. No. Haz. Released Mat. Released	
4 City or Town State Zip Code City or Town State Zip Code ROCHESTER NY 14608 ROCHESTER NY 14605	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 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 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 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 Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Type Ins. Code State of Reg. Vehicle Type Ins. Code State of Reg. Vehicle Type Ins. Code State of Reg. Vehicle Type Ins. Code State of Reg. Vehicle Type Ins. Code State of Reg. Vehicle Type S	1
Ticket/Arrest Ticket/Arrest	
Number(s) Number(s)	
Section(s) Section(s)	25 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.	<u> </u>
1 E more than 34 feet long; E more than 34 feet long; Rear Prid Left, Turn Right Angle Right Turn Heed On Operated with an overweight permit;	
peralted with an overdimension permit. Operated with an overdimension permit.	26
Box 1 - Point of Impact 3 2 Box 1 - Point of Impact 8 8 8 (same direction)	10
Enter up to three 3 4 5 Enter up to three 3 4 5 ACCIDENT DIAGRAM	
more damage codes	27
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VEHICLE DAMAGE CODING:	
1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 13 8	
15. TRAILER 18. NO DAMAGE 9. 16. OVERTURNED 19. OTHER	28
Cost of repairs to any one vehicle will be more than \$1000.	1
	_
Reference Marker Coordinates (if available) Place Where Accident Occurred:	
Road on which accident occurred THURSTON ROAD	29 -
At 1) Intersecting street BROOKS AVENUE	
or 2) Or 3 of (Route Number of Subet Name)	
	30
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.	JASE OMER AELET
	V
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8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death On	ıly
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	-
N P	
E Officer's Rank and Signature OFFICER Print Name JEFFREY KESTER Badge/ID No. NCIC No. Precinct/Post Troop/Zone W54 Reviewing Officer Rodriguez, 5/31/2011 06:54	ed

Local Codes 11-153338

New York State Department of Motor Vehicles

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

FQ7223000018 ■ AMENDED REPORT

Accident D	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene 🔯	Left Scene	Police Photos
Month 5	Day 21	Year 2011	Saturday	02:00	Vehicles 2	0	0	Accident Reconstructed		☐ Yes ⊠ No

brooks avenue	•
	₩2] [v1]
	thurston road

	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	19
	■ AMENDED REPORT DMV COPY	
1	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos	20
2	VEHICLE 1 - Driver 269 875 423 State of Uc. VEHICLE 2 - Driver License ID Number 935 159 947 State of Uc. NY. Driver Name - exactly Sull 142 AV RICHARD V. Septimber of Sull	21
	Apt. No. Address (Include Number & Street) City or Town	22
3	Date of Birth Date of Birth Day Sex Unlicensed No. of Occupants Date of Birth Day Sex Unlicensed No. of Occupants Date of Birth Day Sex Date of Birth Day Sex Date of Birth Day Sex Date of Birth Day	23
4	Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street)	3
	City or Town State Zip Code City or Igyn State Zip Code City or Igyn Ny State Zip Code	²⁴ 5
5	BHM 4255 NY 99 GMC SUBN 182 ECT 7668 NY 2000 HONDA 202 328 Ticket/Arrest Number(s) Ticket/Arrest Number(s)	
	Violation Violation Section(s) Section(s)	25
6	Check if involved vehicle is: Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; H 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, Tum Right Angle Right Tum Head On operated with an overdimension permit.	3
7	VEHICLE 1 DAMAGE CODES I VEHICLE 2 DAMAGE CODES Sideswipe (same direction) Box 1 - Point of Impact Box 2 - Most Damage E Enter up to three 3 4 5 E Enter up to three 3 4 5 ACCIDENT DIAGRAM	26
	Towed: To CFBO To CFBO To CFBO To CFBO To CFBO To CFBO To CFBO To CFBO To CFBO	27
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	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 10. OVERTU	28
	Reference Marker Coordinates (if available) Place Where Accident Occurred:	
	Latitude/Northing: Road on which accident occurred 3 (00 TG-VT 5 GW Rd	29
	(Route Number or Street Name)	
	or 2) OF	
	Accident Description/Officer's Notes V=1.1 WA1 PULLING MTS TWESTON Red. WHEN 17	30
	HOD A Callien WITH VEH. 2, COUSING DOMAGE. OPE-1 SLACO HE HAD	
	PULLED OUT ALMOST TO THE PSUBLE YELLOW LINE & WAS STRUCE BY VEH. OFF. I SALD VEH. BY. NO FLOURISS.	USE COVER SHEET
	@ TOE WEEKLY P# 424-0660 / WD YESSENIA RIOS 305-4182	N
Λ Α	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death	Unity
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Ŏ D	2 4 5 1 3 F CAMILAN JEFFERON	
Ē F	Secric Bank Dul 0 Bange/ID No. INCIC No. Precinct/Post Station/Beat/ Reviewing Date/Time Reviewed	
an	d Signature Pro / Officer Office	
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	11-130575	MV-104	A (3/04)						
	FQ7162000024 AMENDED RE	PORT							
1'	Month Day Year	itary Time No. of Vehicles	No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 20						
	5 4 2011 Wednesday	15:28 2	0 0 Accident Reconstructed						
	VEHICLE 1 - Driver 207 CO 1 2 0 1	State of Lic.	VEHICLE 2 - Driver 356813793 State of Lic.						
2	VEHICLE 1 - Driver License ID Number 327621181 Driver Name - exactly	NY	License ID Number NY 21						
L	as printed on license BRADLEY, LATRICE D		Driver Name - exactly MILHOUSE, WILMA J 7 as printed on license						
	Address (Include Number and Street) 467 WESTFIELD ST	Apt. No.	Address (Include Number and Street) Apt. No. Apt. No.						
	City or Town State	Zip Code L 4 6 0 7	City or Town State Zip Code 22 ROCHESTER NY 14619						
3	Date of Birth Sex Unlicensed No. of Oc	cupants Public	Date of Birth Sex Unlicensed No. of Occupants Public						
3	Month Day Year F ⊠ 0:	Property Damaged	Month Day Year 9 15 1943 F 🗆 02 Property Damaged						
Ш	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 MONTH Day Year 5						
	BRADLEY, LATRICE D F Address (Include Number and Street) Apt. No.	11 19 1972 Haz. Released	9 15 1945 5						
4	РО ВОХ 31523	Code -	100 RAVENWOOD AVE Code Code						
1	City or Town State ROCHESTER NY	Zip Code 14603	City or Town State Zip Code 24 ROCHESTER NY 14619 3						
	Plate Number State of Reg. Vehicle Year & Make Vel	nicle Type Ins. Code	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code						
5	EFT9245 NY 2004 CHEV 21 Ticket/Arrest	OSD 639	Ticket/Arrest						
Ľ	Number(s)		Number(s) Violation						
	Violation Section(s)		Section(s)						
6		eck if involved vehicle is: Circle the diagram below that describes the accident, or draw diagram in space #9. Number the vehicles.							
1	E more than 34 feet long; E mo	re than 34 feet long; trated with an overweight	Pear Ford Left Turn Stight Angle Right Turn Head On						
_	perated with an overdimension permit.	rated with an overdimen	ion permit. 1. 3. 5. 7.						
	Box 1 - Point of Impact 1 2 Box 1 -	/EHICLE 2 DAMAGE CO	1 2 (same direction) Left 10m (opposite direction) 6						
7	Box 2 - Most Damage 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Most Damage 3	4 5 2 6 7 8.						
1	more damage codes 1 3 more da	amage codes 6	ACCIDENT DIAGRAM						
	Vehicle Bv: Towed: To: Vehicle Towed:		See the last page of the MV-104A for the $\begin{bmatrix} 27\\1 \end{bmatrix}$						
	VEHICLE DAMAGE CODING:	4 6	accident diagram.						
	1-13 SEE DIAGRAM ON RIGHT.	/\ <u>-</u> -1							
	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 2	{ 13	9.						
	16. OVERTURNED 19. OTHER		Cost of repairs to any one vehicle will be more than \$1000.						
	,	12 11	Unknown/Unable to determine Yes No						
	Reference Marker Coordinates (if available) Ptace V								
		MONROE	☑ City ☐ Village ☐ Town of ROCHESTER 29						
	Road or	n which accident occurred	THURSTON RD (Route Number or Street Name)						
	Longitude/Easting: at 1) in	tersecting street RAVE	WOOD AV						
	or 2)		(Route Number or Street Name) Of (Milepost, Nearest intersecting Route Number or Street Name)						
	Accident Description/Officer's notes	nales	30						
	V1 OPERATED BY D2 SOUTHBOUND ON THU	RSTON RD APPRO	ACHING INTERSECTION WITH RAVENWOOD AV. V2 OSITION CROSSING WESTBOUND. V1 STRIKES V2.						
	NO INJURIES, VEHICLES CFBO.	THOM BIOTIBE I	USE SHEET						
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Δι	8 9 10 11 12 13	14 15 16	17 BY TO 18 Names of all involved Date of Death Only						
L	A 1 1 4 1 38 F		BRADLEY, LATRICE D						
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= 1	Officer's Rank	Badge/ID No. N	CIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Reviewed						
D	Print Name JUSTIN STEWART	1750 02	Troop/Zone Sector Singletary, 5/16/2011						
- 1	n Full JUSTIN STEWART	102							

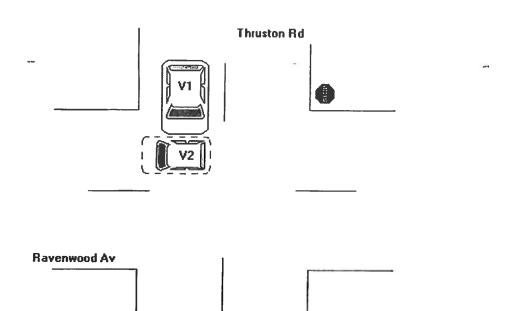
Local Codes 11-130575

New York State Department of Motor Vehicles

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

FQ7162000024 __ AMENDED REPORT

Accident Da	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 5	Day 4	Year 2011	Wednesday	15:28	Vehicles 2	0	0	Accident Reconstructed		☐ Yes ☑ No





		Page I of	4 Pages	_									POLICE ACCIDENT REPORT									
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Print Name JUSTIN STEWART 1750 02701 David A 22:36	E Officer's Rank Badge/ID No. NCIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Re	riewed

Page 3 of 4 Pages New York State Department of Motor Vehicles										1			
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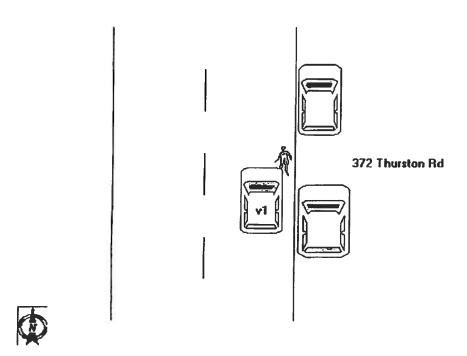
Page 4 of 4 Pages

Local Codes 11-117686 FQ7162000023 New York State Department of Motor Vehicles

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

AMENDED REPORT

Accident Da Month		Vasa	Day of Week	Milltary Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
4	Day 22	Year 2011	Friday	19:54	Vehicles 2	1	0	Accident Reconstructed		⊠ Yes □ No



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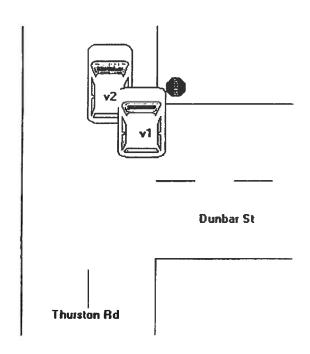
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Local Codes 11-080056 FQ7162000017 New York State Department of Motor Vehicles

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

AMENDED REPORT

	ale	M.	Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 3	Day 18	Year 2011	Friday	19:14	Vehicles 2	0	0	Accident Reconstructed		☐ Yes ☒ No





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Ţ	_ L	Driver Name -exactly as printed on license (M/7H, JAME), JR. Address (Include Number's Street) Apt. No.	as	iver Name - exactly printed on license				I Apt. No.	
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7	3	Date of Birth Sex Unificonsed No. of Occupants Description Companies Description Compan	_ M	te of Birth onth Day	Year	Sex Unlicense	d No. of Occupants	Public Property Damaged	\square
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	Page 2 of 2 Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6004)													
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	City or Town State Zip Code City or Town State Zip Code	22												
3	Date of Birth Month Day Year Unficensed No. of Occupants Property Damaged C													
	Name-exactly as printed on registration Sex	23												
4	438 AUGUSTINE F Mal Code 0 49 WENDY W - Mal. Code 0	24												
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5	5 AKK 2223 NY 2001 CHEVR SUBN 626 EWS 9035 NY 08 CAOIL SUBW 626 TickeVAriest Number(s)													
	Violation 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 is some #10. All the properties of the properties o	25 10												
	V ☐ more than 34 feet long; V ☐ more than 34 feet long; E ☐ operated with an overweight permit; E ☐ operated with an overweight permit;	ان												
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	14. UNDERCARRIAGE 17. DEMOLISHED 2 (13) B 9.	00.1												
	16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	28												
-	Reference Marker Coordinates (if available) Place Where Accident Occurred: County NONLOS Willage Town of ROCHESTER.													
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	Local Codes PC	DLICE ACCI		ORT		19
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'	Accident Date Day of Week Milli	tary Time No. of Vehicles		Not Investigated at Scene		20
L.	2 12 2011 Saturday	01:22 2	0 0	Accident Reconstructed		_
_	VEHICLE 1 Driver	State of Lic.	VEHICLE 2 Driver	BICYCLIST PEDESTR	State of Lic.	
2	License ID Number 996250478	NY	License ID Number			21
L	Driver Name - exactly as printed on license COLLIER, FIFI E		Driver Name - exactly P	ARKED,		_
	Address (Include Number and Street)	Apt. No.	Address (include Numbe	r and Street)	Apt. No.	
	185 MT HOPE AV APT 424 City or Town State	Zip Code	City or Town	Stat	e Zip Code	22
_	ROCHESTER NY 1	4620			·	
3	Month Day Year	upants Public Property	Date of Birth Month Day Yea	Sex Unlicensed	No of Occupants Public Property	
1	6 24 1974 F Name - exactly as printed on registration Sex	Date of Birth	Name - exactly as printed		Sex Date of Birth	
	COLLIER, FIFI E	Month Day Year 6 24 1974	JACKSON, TER	_	F Month Day Year 3 20 1973	23 1
	Address (Include Number and Street) Apt. No.	Haz. I Released	Address (Include Numbe	r and Street)	Apt No Haz. Released Mat. Code	
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	Plate Number State of Reg. Vehicle Year & Make Vehicle CJT8287 NY 2001 HOND OT	cle Type Ins. Code /37 071	Plate Number St EPM4665	ate of Reg. Vehicle Year & Make NY 1996 CHEV	Vehicle Type Ins. Code SUBN 100	
5	TickeVAriest 721500MPO 734001MVPO	734901MZFO	Tickel/Arrest	MI 1330 CHEV	BODA 200	
L	Violation		Number(s) Violation			
	Section(s) 6001A 11923	11941B	Section(s)			25
6	Check if involved vehicle is:	Involved vehicle is: e than 95 inches wide;		e diagram below that describes in space #9. Number the vehi	s the accident, or draw your own	1
4	E more than 34 feet long;	e than 34 feet long; rated with an overweight	Dags East	Left Turn Right Angle	Right Turn Heed On	
Щ		rated with an overdimen:		← 3, V ×		
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7	Box 2 - Most Damage 3 3 Box 2 - N	Nost Damage	9 9 ,		6 8 -	10
1	Enter up to three 3 4 5 Enter up more damage codes 4 more dam	to three 3 mage codes 10	4 5 ACCIDEN	NT DIAGRAM		
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		12 11	10 Un	known/Unable to determine	Yes No	
		here Accident Occurre				
		MONROE		illage Town of ROC	HESTER	29
	Road on	which accident occurred	520 THURSTON	(Route Number or Street N		"
		ersecting street			· ·	
	or 2) 1	<u> </u>		(Route Number or Street N STON/HILLENDALE		
	Accident Description/Officer's notes	eet miles 120 E	, LLJ = V (INI	tepost, Nearest intersecting Route		30
	ON THE ABOVE DATE AND TIME I WAS FLA					- [
	HER CAR WAS PARKED AND STRUCK BY A (ST. I THEN LOCATED VEH 1 AT 119 FI					USE DVER EET
	THE DRIVER BACK TO THE SCENE BECAUSI	E I BELIEVED S	HE WAS INTOXI	CATED. VEH 1 WAS	TRAVELLING SH	EE1
	N/B ON THURSTON RD AND WITH THE FROM VEH 2. VEH 2 WAS PARKED ON THE SID	NT RIGHT CORNE E OF THE ROAD	R, VEH 1 SIDE FACING N/B AT	SWIPED THE REAR L THE TIME OF THE	ACCIDENT. THE	V
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E	Officer's Rank officer . Ro Judy Deka	Badge/ID No. NO	IC No. Precinct/Po Troop/Zone	Sactor	ing Officer Date/Time Reviewe	ed
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New York State Department of Motor Vehicles

Page 1 of 3 Pages

Page 3 of 3 Pages

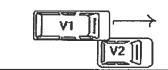
Local Codes 11-042983 FQ7215000016 New York State Department of Motor Vehicles

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

■ AMENDED REPORT

Accident D	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 2	Day 12	Year 2011	Saturday	01:22	Vehicles 2	0	0	Accident Reconstructed		Yes No

THURSTON RD



520 THURSTON RD



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Γ		MERBAT SHA diess (Include Number's Street)	BON, Kan	0	Apt. No.	Month / O Haz.	O ^{Day}	Yea S 2 Bolesso	DA	Clude Number	#	2		Apt. No.	Month Haz.	Day Year	5
	4	y or Town ASCHILLSTER Je-Number State of Reg.	Vehicle Yea				Code (60	Ins. Cod	City or Tow		State of Re	g. Vehicle Y	ear & Maly	State Zip	Code Code	Ins. Code	24
	Tic Nu	ket/Arrest nber(s)	200\	INI	<u> </u>	iu:	SD.	64	TickeVArres Number(s)	439	- wy	2001	CH	EV	PU	328	
		Check if involved vehicle is:			Check i	f involve	d vehic	le ie	Violation Section(s)	T Ciral- 15	o disere	halo At	dans	a the accord			25
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1	Accident Date Day of Week Military Time No.	No. Injured No. Killed and Investigated at Same TI Left Scene Police Photos	20
	2011 2011 11010 -	Accident Reconstructed 🔲 🔲 Ves 🐼 No	_
2	VEHICLE 1 - Driver 67/ 882 223 State of Li	✓ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN VEHICLE 2 - Driver License ID Number PARKED Stelle of Lic.	
-	Oriver Name - exactly Driver Name - exactly RVFFNER DANIEL, R.	Oriver Name - oxactly as grinted on liconate	21
	Address (Include Number & Street) Apt. No. G928 TELEPHONE ROAD Apt. No.		┧
	City of Town State Zip Code NY 14525	City or Town State Zip Code	22
3	Date of Birth Sex Unlicensed No. of Public Month Day Xear Occupants / Property	Date of Birth Sex Unilicensed No. of Public Month Day Year Cocupants Property	口
1	Name-exactly as printed on registration Sex Date of Birth	Name-exactly as printed on registration Sex Date of Skith	23
Walledge Co.	Address (Include Number & Street) Apr. No. Haz. Release		Ш
4	SAME AS DRIVER - Mai - Code -	10 BURLINGTON AU - Mat 0	
7	City or Town State Zip Code	City or Town ROCHESTER State Zip Code NY 14619	24
5	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ing, Co	to Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code 7 EPP-8954 NY 2000-Point 4DSD OLL	\vdash
11	Tickat/Arrest Number(s)	Ticket/Arrest Number(s)	1
-	Violation Section(s)	Violation Section(s)	
6	Check if involved vehicle is: O more than 95 inches wide; O more than 94 feet long: U D more than 94 feet long: U D more than 95 inches wide;	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
5	V ☐ more than 34 feet long; E ☐ operated with an overweight permit; E ☐ operated with an overdimension permit. H ☐ operated with an overdimension permit.		-
	VEHICLE 1 DAMAGE CODES VEHICLE 2 DAMAGE C	ODES Sideswipe Left Turn Sideswipe	26
12	C Box 1 - Point of Impact L Box 2 - Most Damage E Enter up to three 3 4 5 E Enter up to three	9 9 2 4 0 4 6 7 8 4	10
띡	more Damage Codes 4 5 6 2 more Damage Codes 16	1/ 12 ACCIDENT DIAGRAM	07.7
	Vehicle By 453 Toward: To 4 NIAGRA ST. Vehicle By 453 Toward: To 4 NIAGRA ST.	A ST N 248 THURSTON RD.	27
1	VEHICLE DAMAGE CODING:		۳
	1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 2		
	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	9. MILTON 57. Cost of repairs to any one vehicle will be more than \$1000.	28
]	12 11	10 8 ☐ Unknown/Unable to Determine ☑Yes ☐ No	Ш
-	Reference Marker Coordinates (if available) Place Where Accident Occ County Mon Roc	Arred: ACity Village Town of ROCHESTER	
- 1	Road on which accident occurred	348 THURSTON ROAD (Route Number or Street Name)	29
L	Longitude/Easting:	(Route Number or Street Name)	Щ
-	or 2) CI N DE	OW of (Milopost, Nearest intersecting Route Number or Street Name)	
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		ED ON THE E/B CURB. NO INSTITUTES 17 BY TO 18 Names of all involved Date of Death (Only
Ĺβ	1 1 4 1 25 M 2 3 4 1 24 M	- DANIEL RUFFNER -	\Box
		RENI NIATHIS -	\dashv
0 m m			\Box
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and	Signature	C No. Precinct/Post Station/Beat/ Reviewing/ Date/Time Reviewed Troop/Zone Sector Officer	_
in Fu	Name 1954 02 III THOMAS DEAVE III 1954 02	101 WEST 52 50 (2758) 1-13-10	<u>) </u>
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10	Page 2 of 2 Pages Local Codes 11 - 0009 187 New York State Departr POLICE ACCID MV-1044)EN A (6/0	IT REP 04)		-						19
1	AMENDED REPORT DMV C	COP	′								
_	Month Day Year	to. of ehicle	No. Inju	benu	No. Killed	Not Inves	ligated at Scene		Left Scene	Police Photos	20
	VEHICLE #3	3	VEHIC	IF2	BICY		econstructed PEDESTR		T OTHER	PEDESTRIAN	
2	VEHICLE 1 - Driver PARICED State of	Uc.	VEHICLE 2	- Driver	LI BICT	00131	[] FEDESIA	DAIN L	JOINER	State of Uc.	
	Driver Name -exactly		License ID N Driver Name		-						21
_	as printed on license Address (Include Number & Street) Apt.	No.	as printed on Address (Inc.		ber & Stree	PÔ				Apt. No.	
3	City or Town State Zin Code										- 20
			City or Town					Stato	ZIp	Code	22
3	Date of Birth Sex Unlicensed No. of Occupants Public Property	_	Date of Birth Month		Year	Sex	Unlicensed	No. of Occupar	nts P	ublic roperty	
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\parallel i \parallel	TickeVArrest Number(s)		Ticket/Arrest Number(s)								
4	Violation Section(s)		Violation								
	Check if involved vehicle is: Check if involved vehicle is:	_	Section(s)	Circle	the discr	am below	that describe	a tha an	aidant as d		25
6	V ☐ more than 95 inches wide; ☐ more than 95 inches wide; V ☐ more than 34 feet long; V ☐ more than 34 feet long;	: :		diagra	m in spac	e #9. Nu	nber the vehic	tes.			
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7	C Box 1 - Point of Impact L Box 2 - Most Damage 10 C Box 2 - Most Damage		1 2	(same di	irection)	. *		. 7	(opp	osite direction)	10
2	E Enter up to three more Damage Codes 1 1 1 2 E Enter up to three more Damage Codes 3	1	4 5	ACCIDI	ENT DIA	BRAM	14.	10.			۳
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1	1-13. SEE DIAGRAM ON RIGHT.	1								10	Č
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-	Longitude/Easting:						nber or Street No		<u>-</u>		Ш
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	Page 1 of 3 Pages	New York State	Depar	tment of Mo	tor Vehicle	S				1
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1 '	Accident Date Day of Week Month Day Year	Military Time No	, af hicles	No. Injured	No. Killed	Not investigated	at Scene	Left Scer	ne Police Photos	20
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Ŀ	Driver Name - exactly as printed on license GRIFFIN, UNIQUE L			Driver Name - as printed on I	exactly PET	ERSON, ERI	C.] - [
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	9 RAVENWOOD AVE City or Town State	Zip Code		9 PARR (CIR		State	7	ip Code	22
_	ROCHESTER NY	14619		ROCHESTI	ER		NY	1461	17] -
3	Month Day Year R	No. of Occupants Public Property		Date of Birth Month Day		Sex Unlicer	nsed INc.	of Occupants 01	Property	\vdash
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	Medialon			Number(s) Violation					· · · ·	<u> </u>
	Section(s) 5091			Section(s)						25
6	Check if Involved vehicle is: V more than 95 Inches wide;	Check if involved vehicle more than 95 inches				gram below that ace #9. Number			or draw your own	
4	E more than 34 feet long;	more than 34 feet long operated with an over	g;	1	Rear Pard			Oght Turn	Heed On	1
	H	operated with an over	rdimens	sion permit.	ナナ	3. 7	1 5	7	7.	$ldsymbol{le}}}}}}}}}$
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	Towed: To: 454	4 \$: diagram.	OI CHE	114-104	A LOT CHE	1
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		or 2) 50 miles		□W of		DALE ST] st, Nearest intersec	ling Route Nu	mber or Stree	t Name)	
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Y E	Officer's Rank	والمنطق المساعة المساعة		IC No. Pr	cinct/Post	Station/24	Povlowing		Doto (Toronto)	.17
D	nd Signature PO			Tre	oop/Zore	Station/Beat Sector	Reviewing Rivers,		Date/Time Review 12/27/2012	- 1
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	Page 2 of 3 Pages	New York State Depar	rtment of Motor Vehicles
	Local Codes 12-389942		DENT REPORT
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1	Month Day Year 12 22 2012 Saturday	itary Time No. of Vehicles 2	No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 20
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2	VEHICLE 1 - Driver License ID Number	Slate of Lic.	VEHICLE 2 - Driver State of U.C. License ID Number 21
1	Driver Name - exactly - : as printed on ticense		Driver Name - exactly as printed on license
	Address (Include Number and Street) - a	→ Jz.ji Apt. No.:	Address (Include Number and Street)
	(CityTor Town State -	Zip Code	City of Town 13 22
	Date of Birth Sex Unficensed (No. of Oct		
ľ	Month Day Year	Property Damaged	Month Day It Year III Sex Unitcensed No. of Occupants Public Property:
Ц	Name - exactly as printed on registration Sex	Date of Birth	Name - exactly as printed on registration Sex Date of Birth 2 23
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4	The second second	Mal. Code	Mat. Code
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_	Plate Number State of Reg. Vehicle Year & Make Voh	icle Type Ins. Code	Plate Number - State of Reg. Vehicle Year & Make Vehicle Type as lins. Code
1 5	Ticket/Arrest		Tickel/Arrest 5
\vdash	Number(s)	- : : : : : : : : : : : : : : : : : : :	Violation
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	H D operated with an overweight permit; H D ope	e than 34 feet long; *** rated with an overweight	
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	Enter up to three 3 4 5 E		ACCIDENT DIAGRAM
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	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 2		a 9.
	16. OVERTURNED 19. OTHER	\	Cost of repairs to any one vehicle will be more than \$1000.
	' -	12 11	Unknown/Unable to determine Yes No
	Reference Marker Coordinates (if available) Place W	/here Accident Occurre	ed:
	Lattitude/Northing: County	MONROE	☐ City ☐ Village ☐ Town of
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Page 3 of 3 Pages

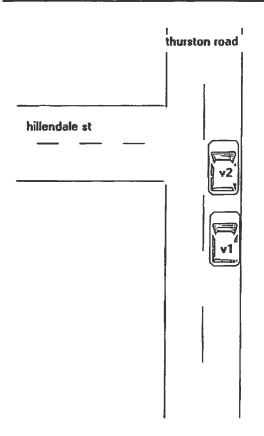
Local Codes 12-389942

New York State Department of Motor Vehicles

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

FQA122000043 ■ AMENDED REPORT

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Page 1 of 3 Pages

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	Driver Name - exactly as printed on license REED, DERICK S			Driver Names		, t ;	<u> </u>	્ર જ - 	grafi <u>an mana maka anuma</u>	
	Address (Include Number and Street) 10 WELDON ST		Api, No.		dude Number and	Street)	mg in di	àr	Apt. No.	9
	City or Town State ROCHESTER NY	Zip Code 14611		City or Tow		\$ 1. 1. 5.	State :	÷ ₹ 7 Zi	p Code	平 22
3	Date of Birth Sex Uniformsed No. of Och	ccupants Public		Date of Birt		Sex Unlice		of Occupants	Public - Re	
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`	CURRY, DENISE R	Date of Birth Month Day 4 22	Year 1952	3 - U.S.			Sex		h Day Year	23 5
4	Address (Include Number and Street) Apt. No. 10 WELDON ST	Haz.	Released	Address (In	NUMBER AND	Street)" =	Apt.	No. Hez. Mat. Code	Released	
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	ROCHESTER NY Plate Number State of Rog. Vehicle Year & Make Ve	14611 phicto Type Ins	. Code	Plate Numb	State o	if Reg. Vehicle Ye	ar & Make 🚁	Vehicle Typ	e Ins. Code	
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I	ond Signature OFFICER Print Name BRIAN MARONE	1788	02	701	Troop/Zone	Sector	Joseph, David A		12/25/2013	2
Ĺ	n Full BRIAN MARONE					<u> </u>	David A	•	08:27	

Page 3 of 3 Pages Local Codes 12-387049

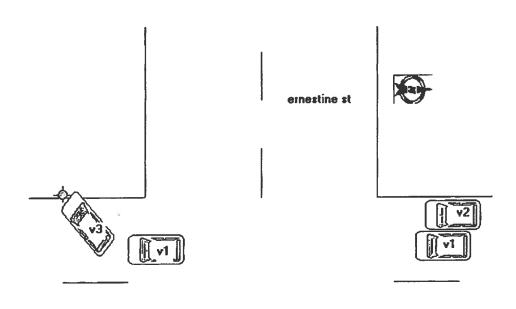
New York State Department of Motor Vehicles

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

FQA501000007

■ AMENDED REPORT

	_					_						
	Accident Di	nto		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not investigated at Scene	Left Scene	Police Photos	
- 1	Month	Day	Year			Vehicles						
	12	19	2012	Wednesday	14:31	3	1	0	Accident Reconstructed		☐ Yes ☒ No	



thurston rd

	Page 1 of	3 Pages					partment of							1
	Local Codes	2522		PO	LICE	ACC	IDEN	ΤR	REPO	RT				19
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14	Oriver Name - exactly as printed on license MA	ATHIS. HA	ROLD				Driver Na	me - ex	actly HORN	I, DIA	NNE C	·		69
	Address (Include Number				-	Apt. No			Number and				Apt. N	5.
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	City or Town ROCHESTER		Stat NY	14	621		ROCHE	STER			N.	Y 146	519	х
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4	·				Code	<u> </u>			STON RE	<u> </u>		l ICo	ode ; ⊔	
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	Plate Number St	ate of Reg. Vehi	icle Year & Mak			Ins. Code	Plate Num FAV 67		State o	- 1	ide Year & Make	Vehicle T	Type Ins. Code 071	لئا
5	Ticket/Arrest			BIC	I	<u> </u>	Ticket/Arr	est	N.	20	05 LINC	14030	0,1	\dashv
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			-	or 2)			DN □S De □W	of_	f8 411 -		umber or Street N		and Marie	-
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- 1	Print Name Thomas	Deane			1954	- 1	2701	W5	•	RPD	Rive	rs, Jon	11/27/20 19:23	12
L	in Full Thomas									1	1.0		123.23	

Page 2 of 3 Pages Local Codes 12-359538		New York State OLICE A	CCIDEN	T REPO			19
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as printed on license Address (Include Number and Street)		Ar Ar		d on license Include Number and	f Street)		Apt. No.
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3 Date of Birth Sex Unilicensed Month Day Year	No. of Occ	Public Property Damaged	Date of B Month	Day Year	Sex Unlice	A CARLOTTE STATE OF THE STATE O	ts Public Property Damaged
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E Officer's Rank D and Signature OFFICER		Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name Thomas Deane		1954	02701	W52	RPD	Rivers, Jon S	11/27/2012 19:23

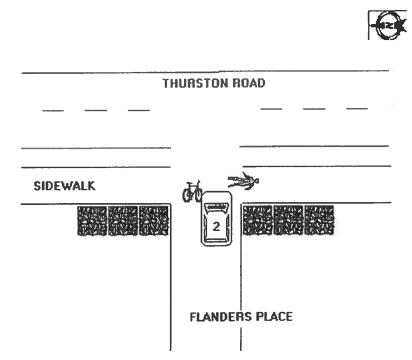
Local Codes 12-359538

FQA135000010

New York State Department of Motor Vehicles

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

1	Accident D	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
ĺ	Month 11	Day 20	Year 2012	Tuesday	14:11	Vehicles 2	1	0	Accident Reconstructed		☐ Yes ⊠ No



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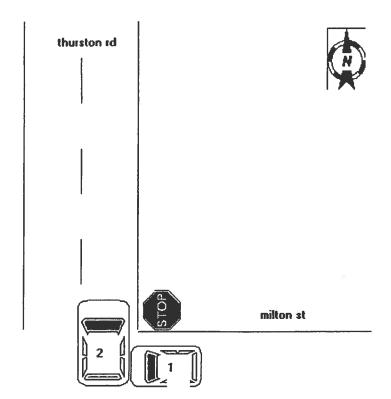
Local Codes 12-355721

FQA355000013

New York State Department of Motor Vehicles

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

Accident D	ale		Day of Week	Military Time	No. of	No. injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 11	Day 16	Year 2012	Friday	14:52	Vehicles 2	1	0	Accident Reconstructed	5 D	☐ Yes 🖾 No



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	City or To	wn		State		Zip (Code		City or Tor ROCHES	STE	R		Stat N	Č	Zip (14611			22
3 1	Date of Bi Month	Day Yes	Sex	Unlicensed	No. of Oc	, 1	Public Property Damaged		11	Day 14	1979	Sex M	Unlicensed	No. of Oc	+ ի	Property Damaged		
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4	City or To	wn		State	3	Code Zip (Code		City or To	WΠ			Stat	e	Zip (Code		24
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	Violation Section(s)								Violation Section(s)									25
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Page 3 of 3 Pages

Local Codes

12-357318

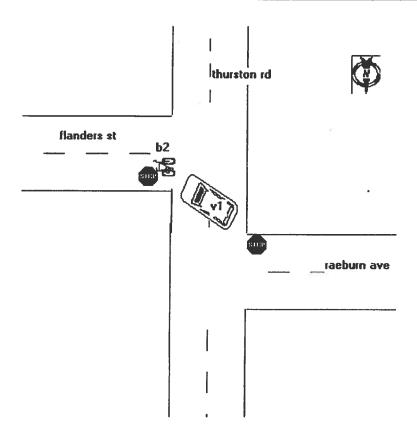
New York State Department of Motor Vehicles

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

FQ7089000175

Accident De			Day of Week	Military Time	No. of	No. Injured	No. Kiiled	Not Investigated at Scene □	Left Scene	Police Photos
Month 11	Day 18	Year 2012	Sunday	01:45	Vehicles 2	1	0	Accident Reconstructed		☐ Yes 🖾 No

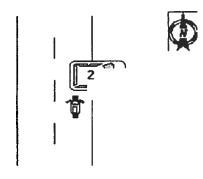


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Local Codes 12-326149 FQPR02000221

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

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	Month 10	Day 17	Year 2012	Wednesday	19:12	Vehicles 2	1	0	Accident Reconstructed		☐ Yes No



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	City or To				itate NY	146	Zip Cod 19	10	- 1	City of Ton	"							
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Local Codes				rtment of Motor Vehicles		1
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Latitude/Northing: County MONROE City Village Town of 29		, •	12 11			
Latitude/Northing: County MONROE Road on which accident occurred at 1) Intersecting street or 2) Feet miles Accident Description/Officer's notes UNLICENSED AND WAS ISSUED A UTT FOR 509-1. NO INJURIES. VEHICLES CFBO. B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only B 9 10 11 11 12 13 14 15 16 17 BY TO 18 Names of all Involved Date of Death Only		Reference Marker Coordinates (if available) Place V	Where Accident Occurr	red:		
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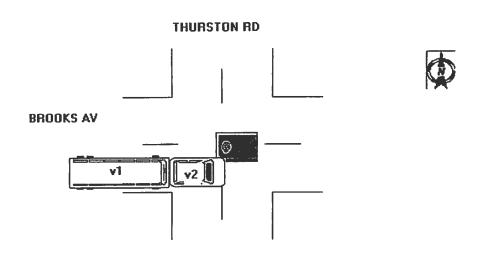
	Page 1 of 2 Pages	•	tment of Motor Vehicles
	Local Codes	POLICE ACCII	DENT REPORT
	12-309159	MV-104/	A (3/04)
	FQ7301000136 AMENDE	ED REPORT	
1	Accident Date Day of Week Month Day Year	Military Time No. of Vehicles	No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 20
L	10 1 2012 Monday	15:24 2	1 0 Accident Reconstructed □ □ □ Yes ☑ No □ ☑ VEHICLE 2 □ BICYCLIST □ PEDESTRIAN □ OTHER PEDESTRIAN
	VEHICLE 1	State of Lic.	☑ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN VEHICLE 2 - Driver 970608445 State of Lic. NY 21
2	VEHICLE 1 - Driver License ID Number 675161665	NY	License ID Number
-	Driver Name - exactly as printed on license BROWN, VENITA L		Oriver Name - exactly GREEN, ERICA A
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street) Apl. No.
	60 HOLLAND ST City or Town State	Zip Code	21 GROVER ST City or Town State Zip Code 22
	ROCHESTER NY	14605	ROCHESTER NY 14619 - Date of Birth Sex Unlicensed No. of Occupants Public
3	Month Day Year F	No. of Occupants Public Property	Month Day Year R 01 Property
2	2 16 1968	Damaged Date of Birth	Name - exactly as printed on registration Sex Date of Birth
	FIRST STUDENT INC,	Month Day Year	GREEN, ERICA A F 11 12 1989 3
<u> </u>	,	Apt. No. Haz. Released	Address (Include Number and Street) Apt. No. Haz Released Mat. Code
1	575 COLFAX ST City or Yown State	Code D	City or Town State Zip Code 24
	ROCHESTER NY	14606	ROCHESTER NY 14619 Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code
5	Plate Number State of Reg. Vehicle Year & Make 50258BA NY 2008 IC	Vehicle Type Ins. Code BUS 228	EAN4329 NY 2002 HOND 4DSD
1	Ticket/Arrest		Ticket/Arrest Number(s)
	Number(s) Violation		Violation 25
	Section(s)	Check if involved vehicle is:	Section(s) Circle the diagram below that describes the accident, or draw your own
6	Check if Involved vehicle is: V ☐ more than 95 inches wide;	more than 95 Inches wide;	diagram in space #9. Number the vehicles.
1	E more than 34 feet long; H operated with an overweight permit;	more than 34 feet long; operated with an overweight	permit; Rear PTR Left Turn Right Angle Right Turn Head On
<u> </u>	operated with an overdimension permit.	operated with an overdiment	sion permit. 1. 3. 7. 7.
	C VEHICLE 1 DAMAGE CODES C Box 1 - Point of Impact 2 2 2 L	Box 1 - Point of Impact	DES Sideswipe (same direction) Left Turn (same direction) Left Turn (same direction) Sideswipe (opposite direction) 3
7	Box 2 - Most Damage 2 2 E Enter up to three 3 4 5	Box 2 - Most Damage Enter up to three 3	4 5 ACCIDENT DIAGRAM
1	more damage codes 1 3	more damage codes 7	9 ACCIDENT DIAGRAM
	1 Vehicle Bv: Towed: To;	Vehicle Bv: 453 Towed: To: GARAGE	See the last page of the MV-104A for the 1
	VEHICLE DAMAGE CODING:	4 5	accident diagram.
	1-13 SEE DIAGRAM ON RIGHT.	· /	
	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE	2 10 10	a g.
	16. OVERTURNED 19. OTHER		Cost of renairs to any one vehicle will be more than \$1000.
	1	1 12 11	10 9 Unknown/Unable to determine Yes No
	Georgiagues (if available)	Place Where Accident Occurre	ad:
		County MONROE	RICHY Village Town of ROCHESTER
	Lattitude/NorthIng:	Road on which accident occurre	d BROOKS AV
		at 1) Intersecting street THUR	
	Longitude/Easting:	or 2)	N □S of (Route Number or Street Name)
		feet miles	(Milepost, Nearest intersecting Route Number or Street Name)
	Accident Description/Officer's notes	CS AV FACING EAST BO	OUND ATTEMPTING TO TURN NORTH ON THURSTON RD
	FACING A GREEN LIGHT, VEHICLE	1 WAS HEADING EAST	BOUND ON BROOKS DIRECTLY BEHIND VEHICLE 2.
	VEHICLE 1 THEN CRASHED INTO VE	TE DRIVER OF VEHICI	TE 2 WAS TRANSPORTED TO STRONG BY RIG 9149
	WITH BACK PAIN. VEHICLE 2 INSU	JRANCE COMPANY IS 6	78 PROGRESSIVE ADVANCED INSURANCE.
		2 13 14 15 16	17 BY TO 18 Names of all Involved Date of Death Only
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L			
L	B 2 1 4 1 22	F 06 12 6	9999 2706 GREEN, ERICA A
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	Officer's Rank	Badge/ID No.	ICIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Reviewed
D	and Signature OFFICER Print Name	2118 02	7701 Sector Rivers, Jon 10/3/2012 15:23
	Print Name Richard Castrichini Jr. In Full	12110	[3 [13:53

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

Local Codes 12-309159 FQ7301000136

Accident D			Day of Week	Military Time	No. of	No. Injured	No. Kilied	Not investigated at Scene	☐ Left Scene	Police Photos
Month 10	Day 1	Year 2012	Monday	15:24	Vehicles 2	1	0	Accident Reconstructed		☐ Yes 🖾 No



	/	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19
1/	, —	MV-104A (6/04) AMENDED REPORT DMV COPY	٦
· [-	-	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Killed Augulavestigated at Scene LM Scene Police Photos Vehicles Vehicle 2 Bicyclist PEDESTRIAN OTHER PEDESTRIAN	20
Γ	2	VEHICLE 1 - Driver License ID Number 798 4/69 673 State of Lic. VEHICLE 2 - Driver License ID Number 913 529 22) State of Lic. VEHICLE 2 - Driver License ID Number 913 529 22)	21
Ŀ		Driver Name exactly as printed on license William Frederick Driver Name - exactly as printed on license Torregrossa, Toseph	4
	- 1	390 Cerlew St. 136 Pine boses Dr.	22
Г	_	19616 X 19616	-
-	- [Month Day Year Month Day Year Occupants Property Damaged So So M Occupants Property Damaged	
	L	Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Sex Date of Birth Month Day Year Address (Include Number & Sireel) Apt. No. Haz. Released Apt. No. Haz. Released Mat. Released	23 E
	L	City or Toyan State Zip Code City gr-Town State Zip Code	24
I	_	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	N
5	, 11	FRD 8575 My 1999 Dage PC 413 ERHB-111 NY 2009 PC GIB	
L	╌	Number(s) Number(s) Violation Violation Section(s) Section(s)	
<u> </u>	<u>.</u>	Check if involved vehicle is: Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own	25 15
1	1	V □ more than 34 feet long;	15
	- [:	H Operated with an overdimension permit. VEHICLE 1 DAMAGE CODES VEHICLE 2 DAMAGE CODES Sideswipe Left Turn Sideswipe Right Turn Sideswipe	26
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		Vehicle By Towed: To Vehicle By Towed: To To	27
	- !	VEHICLE DAMAGE CODING:	
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		15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER Cost of pepairs to any one vehicle will be more than \$1000.	28
	-	Reference Marker Coordinates (if available) Place Where Accident Occurred:	
		Latitude/Northing: County MGNISE SCity Village Town of Road on which accident occurred Thurston Rd. / Auto File of St.	29
		art) intersecting street	-
		Longitude/Easting: N S (Route Number or Street Name) Or A S Content Number or Street Name Content Number or Street	
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in	Full	Daniel K. Rizzo 0330 60701 W-53 53 Wheeler 1/1/12 (4)	ナ

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	VEHICLE	1 - Driver		VENIOLE	<u>'</u>			State of I	_	VEHICLE 2								e of Lic.	L
2	License IC	Number 70	7187044					NY		License ID N									21
-	Driver Na	me - exactly	ENNARD,	DAVID J	R					Driver Name	- ex	ense PARK	ŒD,						
			er and Street)					Apt.		Address (Incl			Street)					Apt. No.	
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	City or To				itate NY	z: 1461	p Code	9		City or Town	1			,	State	21	b Code		-
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			rtment of Motor Vehicles										
Local Codes													
	12-280244	MV-104	IA (3/04)										
	FQ7189000077 AMENDED RE	PORT											
1			No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 2										
	Month Day Year 9 4 2012 Tuesday	20:39 Vehicles	0 0 Accident Reconstructed □ 🗵 🖾 Yes □ No										
	VEHICLE 3		VEHICLE 4 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN										
1 3	VEHICLE 1 - Driver	State of Lic.	VEHICLE 2 - Driver License ID Number State of Lic.										
-	License ID Number Driver Name - exactly		Oriver Name - exactly PARKED,										
	as printed on license PARKED,		as printed on incerise										
	Address (include Number and Street)	Apt. No.	Address (Include Number and Street)										
	City or Town State	Zip Code	City or Town State Zip Code 27										
<u> </u>	Date of Birth ISex Unicensed INo. of Occ	nunante I Dublia	Date of Birth Sex Uniticensed No. of Occupants Public										
3	Date of Birth Sex Unlicensed No. of Occ Month Day Year □	Property	Month Day Year 00 Property Damaged										
	Name - exactly as printed on registration Sex	Date of Birth	Name - exactly as printed on registration Sex Date of Birth										
	FITZGERALD, MARJORIE F	Month Day Year	HERRIOTT, JESSICA L F 6 29 1986										
	Address (Include Number and Street) Apt. No.	Haz. Released	Address (Include Number and Street) Apl. No. Haz. Released										
4	609 BAY RD	Code	56 PORTLAND CT Code L										
	City or Town State WEBSTER NY	Zip Code 14580	City or Town State Zip Code 2 ROCHESTER NY 14621										
<u> </u>	Plate Number State of Reg. Vehicle Year & Make Veh	nicle Type Ins. Code	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code										
5	7120202	OSD 016	FTW2541 NY 2000 PONT 4DSD 011										
	Ticket/Arrest Number(s)		Number(s)										
L	Violation		Violation Section(s)										
	Section(s) Check if involved vehicle is: Check	if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own										
6	V ☐ more than 95 inches wide;	re than 95 inches wide;	diagram in space #9. Number the vehicles.										
	H Operated with an overweight permit.	re than 34 feet long; crated with an overweigh	nt permit; Rear End Left, Turn Right Angle Right Turn Head On										
	□ operated with an overdimension permit. □ operated with an overdimension permit. □ operated with an overdimension permit.	erated with an overdimen	nsion permit.										
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7	Box 2 - Most Damage 10 10 E Box 2 -	Minost Dattiage	10 10 2 0 4 0 0										
		p to three 3 amage codes	ACCIDENT DIAGRAM										
	1 Vehicle By: 2 Vehicle												
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	1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED												
	15. TRAILER 18. NO DAMAGE 2	[13	a 9.										
	16. OVERTURNED 19. OTHER	\\	Cost of repairs to any one vehicle will be more than \$1000.										
	, —	12 11	10 Unknown/Unable to determine Yes No										
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	· ·	MONROE	☐ City ☐ Village ☐ Town of										
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	or 2)	feet miles	E W (Milepost, Nearest intersecting Route Number or Street Name)										
	Accident Description/Officer's notes		CROCCING PROOFS AND STRIKING VA WHICH WAS										
	IN FRONT OF #669. V1 CONTINUED SA	S ON THURSTON,	CROSSING BROOKS AND STRIKING V4 WITCH										
	STODDED VI AT 393 GENESEE PARK BLVI	 OFC BRACEY 	AND WEECH RESP TO PROCESS DRIVER OF V1 FOR										
	DWI VI TOWED TO CITY POIND. COS	METIC DAMAGES '	TO ALL VEHICLES INVOLVED, NO INJURIES. 191U / AAN7622613, 37522 / AAN7622624,										
	37535C WITNESS #1 - HOWARD WILSON	583 BROOKS A	V 1 ROCHESTER NY 14619 () - Ext.										
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	Officer's Rank	Badge/ID No.	NCIC No. Precinct/Post Station/Beat Reviewing Officer Date/Time Reviewed										
D	officer's Rank officer Dist	٦,,,,, ١,,,	Troop/Zone Sector Rivers, Jon 9/9/2012										
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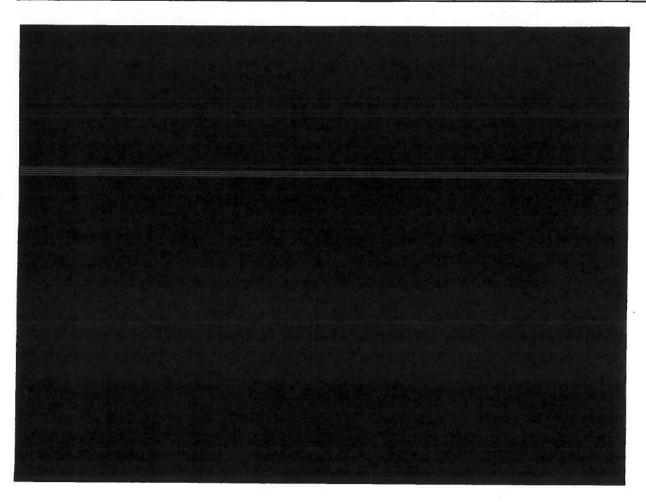
Local Codes 12-280244

FQ7189000077

New York State Department of Motor Vehicles

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

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Accident D	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
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INIOITUI	Day	Year			Vehicles	1			1	1 1
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	Page 1 of 2 Pages	No	ew York State	Depar	rtment of Mo	otor Vehicles	şi.				1.77				
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D la	ing Signature +		Badge/ID No.	"		recincurost roop/Zone	Sector	Rivers,		3/1/2012					
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Local Codes 12-238479

FQ7237000110

New York State Department of Motor Vehicles

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

A	ccident D	Blé		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not Investigated at Scene		Left Scene	Police Photos
	Month 7	Day 30	Year 2012	Monday	19:23	Vehicles 2	0	0	Accident Reconstructed	ō		☐ Yes 🖾 No

THURSTON RD	
	V2 [V1]
I	BROOKS AVE

	Pa	ge 1 of	1 Pages							otor Vehicle					1
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'	Accident Month	Date Day	Year	Day of Week	- 1	ry Time	No.	of nicles	No. Injured	1	Not Investigated			Yes	
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	as printed	on license Co	OOPER, SHE	KINAH C			LAD	t. No.	do printed of	de Number and				7	Apt. No.
	Address (Include Numbe ST ST	r and Street)						8 MARGAI				tal.		22
	City or To			Stat NY		Zip Co	ode		City or Town ROCHESTI	ER		State NY	1461	Code 9	
3	Date of Bi	rth		nlicensed	No. of Occup	ants P	ublic roperty		Date of Birth Month I Day		Sex Unlicen		of Occupants	Public Property	\neg \vdash \vdash
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	Number(s Violation)							Violation						25
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Ŀ	as prin	ited on ricerise	SA,					Apt.		Driver Name as printed on Address (Incl.	HOOM	30		LEATA	. r			Apt. No.	╀═┦
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3	Date of Month	of Birth Day Yes		Unlicensed	1	Occupants UN	Publi Propi Dami	erty [Month Da	ау	Year 1963	F.			03	P	roperty Damaged	
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New York State Department of Motor Vehicles Page 2 of 3 Pages POLICE ACCIDENT REPORT Local Codes 12-200631 MV-104A (3/04) FQ7215000154 AMENDED REPORT No. Killed Not Investigated at Scene Left Scene Police Photos No. Injured Military Time Day of Week No. of Vehicles ☐ Yes 🖾 No Month \boxtimes Accident Reconstructed Saturday 02:15 2012 30 6 OTHER PEDESTRIAN BICYCLIST PEDESTRIAN VEHICLE VEHICLE State of Lic. VEHICLE 2 - Drive VEHICLE 1 - Driver 21 License ID Numbe License ID Number Driver Name - exactly Driver Name - exactly as printed on license as printed on license Apt. No. Address (include Number and Street) Apl. No. Address (Include Number and Street) Zip Code 22 State City or Town Zip Code Cily or Town State No. of Occupants Date of Birth Unlicensed Unlicensed No. of Occupants Public Date of Birth Property Month Day Property Month Day Damaged Damaged Date of Birt Sex Date of Birth 23 exactly as printed on registration Śax Day Year Apt. No. Address (Include Number and Street) Address (Include Number and Street) Apt. No. Released Zip Code Cily or Town State 24 Zip Çode Ity or Town State of Reg. | Vehicle Year & Make Vehicle Type ns. Code Plate Number Vehicle Type Ins. Code State of Reg. Webicle Year & Make late Number Ticket/Arrest Ticket/Arrest Number(s) Violation Section(s) Section(s) Circle the diagram below that describes the accident, or draw your own Check if involved vehicle is: Check if involved vehicle is: diagram in space #9. Number the vehicles. more than 95 inches wide; Right Turn more than 34 feet long; Left Turn more than 34 feet long; or Fred E operated with an overweight permit; operated with an overweight permit; н operated with an overdimension permit operated with an overdimension permit 26 VEHICLE 2 DAMAGE CODES Right Turn Left Turn VEHICLE I DAMAGE CODE C Box 1 - Point of Impact Box 2 - Most Damage Е ACCIDENT DIAGRAM Enter up to three more damage codes Vehicle By: Vehicle By Towed: To: Towed: To VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 18. NO DAMAGE 16. TRAILER 16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000. Yes Unknown/Unable to determine 10 Place Where Accident Occurred: Coordinates (if available) Reference Marker County MONROE ☐ Village ☐ Town of _ ☐ City Lattitude/Northing: Road on which accident occurred (Route Number or Street Name) at 1) intersecting street Longitude/Easting: (Route Number or Street Name) W (Milepost, Nearest Intersecting Route Number or Street Name) E feet 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 USE COVER SHEET CITY CAMERA AT BROOKS AV/THURSTON RD. RECORDED THE MVA. NO PLATE OF VEH MEDICAL TREATMENT. 1 ON CAMERA. NO INJURIES REPORTED. 287B FLOWER CITY PK APTS ROCHESTER NY 14615 (585) 284-4196 WITNESS #1 - MICHAEL A THAXTON Ext. Date of Death Only Names of all involved 17 BY **TO 18** 15 16 11 12 13 14 10 L N ٧ 0 L ٧ Reviewing Officer Date/Time Reviewed Station/Beat NCIC No. Precinct/Post Badge/ID No. E Officer's Rank and Signature Officer 10. Tinder Dut Sector TroopiZone Alberto. 6/30/2012 D 2041 02701 Edward A 07:14 Print Name Timothy Luety

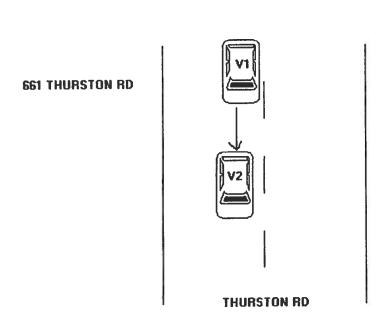
in Full

Local Codes 12-200631 FQ7215000154

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

- 1	Accident Da	ile		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
	Month 6	Day 30	Year 2012	Saturday	02:15	Vehicles 2	0	0	Accident Reconstructed		☐ Yes 🖾 No





Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19
MV-104A (6/04)	18
AMENDED: REPORT, DMV COPY	Left Scene Police Photos 20
Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Inj	ne Li
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15. TRAILER 18. NO DAMAGE 18. OVERTURNED 19. OTHER Cost of repairs to any one vehice	
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at 1) intersecting street / / / / / / / / / / / / / / / / / /	eet Name)
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From Thurston RD. VEH Turned Short gan Struck VEH 20	OUSING A GOOD OFFER
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Print Name A. K. BROWN 170 02701 WEST 53 MAS	3/5/12

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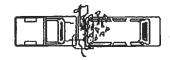
Local Codes 12-183650

New York State Department of Motor Vehicles

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

FQPR02000179

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Accident D	ale		Day of Week	Military Time	No, of	No. Injured	No. Killed	Not Investigated at Scene Left Scene Police Photos	٠.
Month 6	Day 17	Year 2012	Sunday	02:16	Vehicles 2	0	0	Accident Reconstructed □ □ Yes ☑ No	



Page of Pages Local Codes	New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	19 7
12-172571 AME	MV-104A (6/04) NDED REPORT DMV COPY	ك
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3 Date of Birth Sex Unlicensed	No. of Occupants Property Date of Birth Sex Unicensed No. of Occupants Property Month Day Year	
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H D operated with an overdimension permit. VEHICLE 1 DAMAGE CODES		26
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VEHICLE DAMAGE CODING:	4 6 6 7	
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New York State Department of Motor Vehicles

Page 1 of 3 Pages

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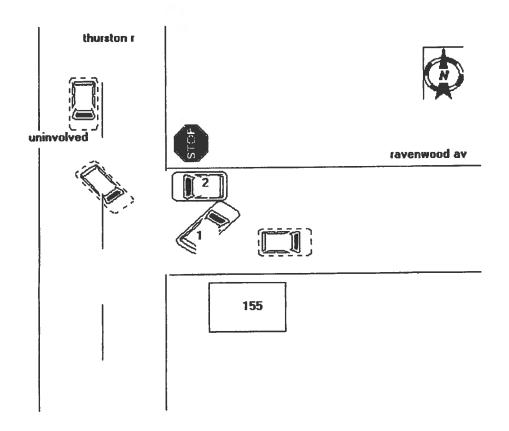
Local Codes 12-171933

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

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, it	Page of Pages New York State Department of Motor Vehicles Local Codes / / 2 3 9 POLICE ACCIDENT REPORT	19
	MV-104A (6/04)	
1	AMENDED REPORT DMV COPY	
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li	Ticket/Arrest Ticket/Arrest Number(s)	
	Violation Violation	
	Section(s) Check if involved vehicle is: Check if involved vehicle is: Section(s) Circle the diagram below that describes the accident, or draw your own	25
6	□ more than 95 inches wide; □ more than 95 inches wide; □ diagram in space #9. Number the vehicles. V □ more than 34 feet long; □ more than 34 feet long; □ more than 34 feet long; □ Rear End □ Left, Turn □ Right Angle □ Right Turn □ Head On	
	E	
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	16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	3
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	Reference Marker Coordinates (if available) Place Where Accident Occurred: Latitude/Northlng: County Marker County Village Town of ROCHES County	
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	at 1) intersecting street	
	Longitude/Easting: Or 2) & CO (Route Number or Street Name)	
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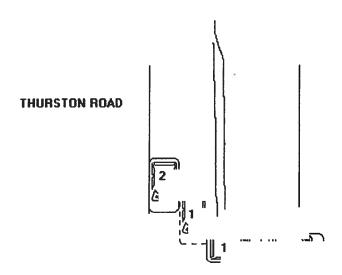
Page 2 of 2 Pages Local Codes

New York State Department of Motor Vehicles

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

12-149506 FQ7203000038

Accident L	ale		Day of Week	Military Time	No, of	No tnjured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 5	Day 20	Year 2012	Sunday	23:30	Vehicles 2	0	0	Accident Reconstructed	X	☐ Yes ⊠ No



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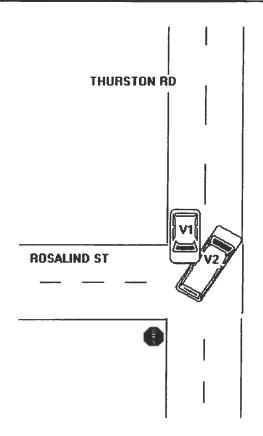
Local Codes 12-129304

New York State Department of Motor Vehicles

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

FQ7308000069 AMENDED REPORT

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	Month	Day	Year 2012	Thursday	18.55	Vehicles	2	٥	Accident Reconstructed	1 _	☐ Yes ⊠ No
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Page / of / Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	19/7
12-11788 AMENDED REPORT DMV COPY	二
1 Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Killed No.	20
VEHICLE 1 - Driver 466 - 550 - 66 State of Lic. VEHICLE 2 - Oriver License ID Number 287 - 389 - 830 State of Lic.	21
- Driver Name - exactly CHESTER, NICOLE, E. Driver Name - exactly as printed on license 104221, MICHEL, L.]-
Apt. No. Address (Include Number & Green) Apt. No. Address (Include Number & Green) Apt. No. Address (Include Number & Green) Apt. No. Address (Include Number & Green)	匚
City or Town City of Town City of Town Kachester, NY 146/6 Zip Code	22
3 Date of Birth Sox Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Property	1-1
2 Month 30 887 F G Dampfed D 8 25 83 7 D Date of Birth	
HESTER, HUCE C F Month Day Voer	[3
Address (Include Number & Breet) Apt. No. Haz. Released Paddress (Include Number & Street) Apt. No. Haz. Released Code Gods Gods Gods Apt. No. Haz. Released Paddress (Include Number & Street) Apt. No. Haz. Released Code	F
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	-
EAE 328/ NY 2007 1040TA 4D 011 ESP 1218 NY 2003 HONDA 4D 1113	-
Number(s) Number(s)	-
Section(s) Section(s)	25
Check if involved vehicle is: 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.	Ш
V more than 34 feet long; V more than 34 feet long; Rear End Left, Turn Right Angle Right Turn Head On C operated with an overdimension permit.	
H Operated with an overdimension permit. H Operated with an overdimension permit. 1. 3. 5. 7.	26
7 Box 1 - Point of Impact 2 7 Box 2 - Most Damage 3 4 2 0 N 4 8	\square
3 E Enter up to three 3 4 5 E Enter up to three more Damage Codes 7 ACCIDENT DIAGRAM	
Vehicle By #1453 EAST AVE AUTO Vehicle By #1453 EAST AVE AUTO	27
Towed: To EAST AVE TO EAST AVE	۳
VEHICLE DAMAGE CODING:	1
1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 2 (15) 9.	
15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000.	- 28
12 11 10 Unknown/Unable to Determine Yes U No	尸
Reference Marker Coordinates (if available) Place Where accident Occurred: County Latitude/Northing: County Manker City Village Town of RocHESTER	
Road on which accident occurred BROOKS AVENUE (Route Number or Street Name)	29
Longitude/Easting: at 1) intersecting street / HURSTON Kb. (Route Number or Street Name)	$m{arphi}$
Longitude/Easting: or 2)	1
Accident Description/Officer's Notes VEHICLE # WAS TRAVELING SOUTHBOUND ON THURSTON RD. APPROACHING THE	30
INTERSECTION AT BROOKS AVE. VEHICLE \$2 WAS TRAVELING EAST BOUND ON BROOKS AVE APPROACHING	
THURSTON RD. AS BOTH WERE APPROACHING THE TRAFFIC LIGHT AT THE INTERSECTION, DOTH VEH FILL LIGHT FRONT, WILLIAM LORRAINE	USE COVER SHEET
BARBO, PHONE # 286-6/73, OBSERVED THE ACCIDENT AS IT HAPPENED & BELIEVED VEH# HADA RED LIGHT.	JN
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death	Only
1 1 1 4 1 24 F 6 CHESTER, NICOLE, E	
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Officer's Rank and Signature P.O. Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Officer Date/Time Reviewed Signature P.O.	i d

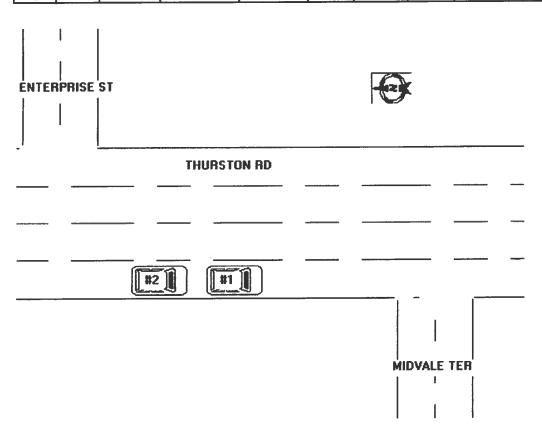
	Page 1 of 3 Pages New York State Department of Motor Vehicles Local Codes													1				
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		xactly as p	orinled or	n registration		Sex	Date of Month	Birth Day	Year	Name - ex DANG		es printed on re	agistration		Mon		Year	23
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4	Address (I	nclude Numb	er and Street)		Apt.	IMA			eased	Address (Inc	lude l	Number and	Street)		Apt	No. Haz. Mat. Code		Released	
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Local Codes 12-116977 FQ7171000023 New York State Department of Motor Vehicles

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

-	Accident Da	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
	Month 4	Day 22	Year 2012	Sunday	02:30	Vehicles 2	0	0	Accident Reconstructed	×	☐ Yes 🖾 No



	Page 1 of	3 Pages						otor Vehicles					ι		
	Local Codes			POLI	CE A	CCI	DENT	REPO	RT				19		
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1'	Accident Date Month Day	Year	ay of Week	Military	rime No	o, of chicles	No. Injured	1 1	Not Investigated		Left Scene	1	20		
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2	License ID Number 922				N		License ID Nu	ımber					21		
<u>_</u>	Driver Name - exactly as printed on license PE	ARSON, SH	AY R				Driver Name - as printed on								
	Address (Include Number	and Street)			A	pt, No.	Address (Inclu	de Number and	Street)			Apt. No.			
	8 MARGARET ST City or Town	API Z	State		ip Code		City of Town		100	State	Zip	Code	22		
	ROCHESTER	Sex Un	NY licensed	1461 No. of Occupant			Date of Birth		Sex Unlicens	sed No. o	f Occupants	Public			
3 2	Month Day Year	м	IICanaco ⊠	01	Property Damaged		Month Day	y Year		o		Property Damaged	1		
ئے	5 27 198 Name - exactly as printed				of Birth		Name - exactly	y as printed on r	egistration	Sex	Date o	Birth	23		
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4	Address (Include Number 25 OUINCY ST	and Street)	-	Apt. No. Haz. Mat.) R	eleased	Address (inclu	ide Number and	Street)	Apt. I	No 1 Haz. Mat. Code	Released	\Box		
1	City or Town		State		ip Code		City of Town			State	Žip	Code	24		
L	ROCHESTER Plate Number ISI	ate of Reg. Vehicl	NY e Year & Make		voe lins	Code	Piale Number	State o	f Reg. Vehicle Yes	r & Make	Vehicle Type	Ins. Code	1 1		
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	Violation						Violation								
	Section(s) Check if involved v	which is:	$\overline{}$	Check if invo	lved vehicle	e is:	Section(s)	Circle the dia	gram below that o	lescribes the	accident, or	draw your own	1		
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	operated with an overwight permit. operated with an overwight permit. operated with an overdimension permit. ope														
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7	Box 2 - Most Dama	ige	4 5 8	≣	ſ	3	4 3	ACCIDENT E	IO. 11 IA. DIAGRAM		<i>r</i> -		丅		
1	more damage code			Vehicle 8v									27		
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	VEHICLE DAMAGE CO	DING:		3 4	4 (6	,	accident	diagram.						
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E	Officer's Rank and Signature Offi	cer I	will	В	adge/ID No.	· '		Precinct/Post Froop/Zone	Station/Beat Sector	Reviewing Rivers,		Date/Time Rev 4/6/2012	Dewsi		
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4	Addres	s (Include Numbe	ar and Street)		Apt. No.	Haz Mat.	Re	leased	Address (Inc	lude Number	and Street)		Apt. No.	Haz. Mat. Code	Released	-
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_	Plate N	lumber	State of Reg. Ve	hicle Year & Mak	Vehi	cle Type	Ins. C	Code	Plate Numbe	r Sta	e of Reg.	Vehicle Year & Make	Vehi	cle Type	Ins. Code	
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	Violation Section								Violation Section(s)							25
6		neck If involved more than 95		,	/ □ more	than 9	d vehicle 5 inches	wide;		Circle the diagram in	diagram be space #9.	low that describe Number the veh	s the accid	dent, or dra	w your own	Н
		more than 34	feet long; h an overweight	permit;	-	e than 3 aled wit	4 feet lor h an ove	ng; :rweighl	permit;	Rear End	Left	Turn Right Angle	Right Tu	m Hee	d On	
_		operated with	n an overdimen	sion permit.	oper	ated wit	h an ove	rdimen	sion permit.	1.	3.	<u>~</u>	5. Flight To	7. Side	swipe	26
	CBC	x 1 - Point of In	npacl	JUES (LINOLL	2,07,1101		1 2	Sideewipe (same direc	tion) Lent 1		70,511	(opt	cosite direction)	
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		5. TRAILER 5. OVERTURNED		DAMAGE ER	- [_ (9.	t A a	· ·		\$1000		28
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ם ו	and Sig	nature Off	icer .	DIL]				Troop/Zone		Rive	ers, Jo	on 4	/6/2012	
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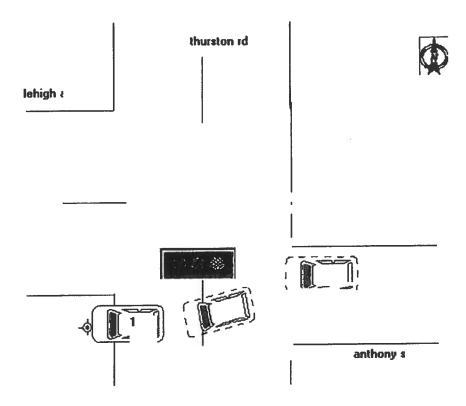
Local Codes 12-095558

FQ2140000114

New York State Department of Motor Vehicles

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

_									5 41 654 A
Accident D	ale		Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene Left Scene	Police Photos
Month 4	Day 2	Year 2012	Monday	18:10	Vehicles 1	1	0	Accident Reconstructed	☐ Yes 🖾 No



	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT	3
	MV-104A (6/04) AMENDEDIREPORTI DMV COPY	
1	Accident Date Day of Week Military Time No. of Vehicles No. Injured No. Kiffed Not Investigated at Scene Left Scene Police Photos Accident Reconstructed Year 2 Year	20
	VEHICLE 1 DINNER O 1 0 2 7 1 1 STATE PAGE 2 DINNER O 3 0 2 2 3 0 STATE PAGE 2 DINNER O 1 0 0 2 0 2 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0	
2	Driver Name -exactly. Francois Contena A. Driver Name - exactly Branch Menwa L. as printed on license	21 人
-	Apl. No. Address (Include Number & Street) Apl. No. Address (Include Number & Street) Apl. No. Address (Include Number & Street) Apl. No.	22
	Date of Birth Sex Unlicensed No. of Public Date of Birth Sex Unlicensed No. of Public	
1	Morting Park 863 F Cocupants Property Damaged Month 8ay Year F Occupants 2 Property Damaged	23
	Name-exactly as printed on registration Sex Dele of Birth Name-exactly as printed on registration Name-exactly as printed on registration Sex Dele of Birth Name-exactly as printed on registration Month Day Year Address (Include Number & Street) Apt. No. Haz. Released Address (Include Number & Street) Apt. No. Haz. Released	53
1	Address (include Number & Sireer) Apt. No. Mat. Mat. Code Cod	24
L,	Plate Number State of Reg. Vehicle Year & Riske Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehicle Type Ins. Code Plate Number Sjate of Reg. Vehicle Year & Make Vehi	5
5	Ticket/Arrest Ticket/Arrest	
<u> </u>	Number(s) Number(s) Violation Violation Section(s) Section(s)	25
þ	Check if involved vehicle is: Check if involved vehicle is: Check if involved vehicle is: Circle the diagram below that describes the accident, or draw your own properties of the properties	iŠ
	E	
7	VEHICLE 1 DAMAGE CODES	26 10
	E Enter up to three more Damage Codes 3 4 5 E Enter up to three more Damage Codes 3 4 5 ACCIDENT DIAGRAM	
	Vehicle By Towed: To Vehicle By Towed:	
	VEHICLE DAMAGE CODING: 3 4 6 0 7	
	1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 2	28
	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 10. OVERTURNED 19. OTHER 19. O	5
	Reference Marker Coordinates (if available) Place Where Accident Occurred:	
	Road on which accident occurred 360 Thur 3+8 n Kd. (Route Number or Street Name)	29
-	at 1) intersecting street	
	Accident Description/Officer's Notes D1 3tates 3he was backing up to pull out of a parking 3 pace across from	30
	above location when she abserved vadriving up behind heret the sametime. DI says at that time be will all of the same of the s	2+44
	Katrant bumper, NodamagetoVI. Notinjuries, witness for DI Chezere Purrier, Witness B.	SHEET
۸ [No parking from here peoints 3 2912 15 16 17 BY TO 18 Names of all involved Date of Death	Only
L A	2 1 4 135 F Branch, Menwal	コ
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Of	fficer's Rank D Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Date/Time Reviewed Ind Signature D Sector Officer	
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	Page 1 of 3 Pages New York State Department of Motor Vehicles Local Codes POLICE ACCIDENT REPORT 19													,						
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3	Date o	f Birth	Sex	Unlicensed		o. of Occu	pants			Date of Bit				nlicens	sed	No, of Occupa	ants F	Public Property		
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4	105 City or	ROSALINI	O ST		State		Code Zip C	- I		City or To	WD.				State		Zip C	ode.		24
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	Accide	nt Description	/Officer's notes			fe	et	miles	- 1			(Milepo:	st, Nearest int	ersecti	ing Koule	Number or S	uest Na	arne)		30
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	Page 2 of 3 Pages		New York	State Depar	tment of M	otor Vehicles	3			1 1
	Local Codes 12 - 085586	ヿ Ρ	OLICE			REPOI	RT			19
				MV-104	A (3/04)					Ш
П	FQA050000028	AMENDED R				This is made to		Scene Left Sce	ene Police Photos	20
	Month Day Year	Day of Week N	ilitary Time 23:57	No. of Vehicles	No. Injured	1 . 1	Not Investigated at S 		Yes No	20
<u> </u>	3 23 2012	VEHICLE	- 23:57	<u> </u>	□ VEHIC				HER PEDESTRIAN	
2	VEHICLE 1 - Driver		2.5	State of Lic.	VEHICLE 2 - License ID No	Driver			State of Lic.	21
	Driver Name - exactly			1	Driver Name	- exactly				1"
L	as printed on ticense Address (Include Number and Street)			I Apt. No. j	as printed on Address (Incit	license, de Number and	Street)	-	Apt. No	-
	City of Town	01-4-	Zip Code		City or Town			State	Zip Code	22
		State						700		4 -
3	Date of Birth Sex Month Day Year	Unlicensed No. of C		perty 🗍	Month Da		Sex Unlicensed	No. of Occupant	Property	
	Name - exactly as printed on registration		Date of Birt	naged —	Name - exact	y as printed on re			Damaged Lite of Birth	23
				Year					onth Day Year	1
4	Address (Include Number and Street)	Apt. No.	Mat. Code	Released	Address (Incli	ide Number and	Street)	Apt No Ha Ma Co	z. Released	
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	Plate Number State of Reg.	Vehicle Year & Make	hicle Type	Ins. Code	Plate Number	State of	Reg. Vehicle Year &	Make Vehicle Ty	ype Ins Code	
5	Ticket/Arrest			L	Ticket/Arrest					1
	Number(s)			- 10	Number(s)					
	Violation Section(s)			15	Violation Section(s)					25
6	Check if involved vehicle is: V more than 95 inches wide	V □ m	if involved vore than 95 in	nches wide;			gram below that descare #9. Number the		or draw your own	لسا
	E more than 34 feet long;	thi narmit: I ⊟ . □ 0	ore than 34 for	an overweight	permit;	Rear End	Left Turn Right /	Angle Right Turn	Heed On	
	operated with an overdime	ension permit. 🔲 이	erated with a	n overdimens	sion permit.	Cideoutes.	3.	5. 7	7. Sideswipe	26
	Box 1 - Point of Impact	COUES C	VENIOLE Z		1 2	Sideswipe (same direction)	Left Turn	Right Turn	(opposite direction)	
7	E Box 2 - Most Damage Enter up to three 3	4 3 E		3	4 5	ACCIDENT D	IAGRAM	16.7		厂
	more damage codes Vehicle By:	2 Vehicle	Ru-	1						27
	Towed To:	Towed	To:							
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	15. TRAILER 18. NO 16. OVERTURNED 19. O	DAMAGE "	— ("		9.			4000	28
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	Longitude	or 2)_				f	(Route Number or St	<u> </u>		
	Accident Description/Officer's note	s	feet n	niles E	***	(Milepo	st, Nearest intersecting	NOUSE NUMBER OF SIRE	ser Manne)	30
	ADDITIONAL TICKETS WITNESS #1 - MARVIN	OR DRIVER #1 -	A04500	7TFQ, 11	922AA	4621 /=	85) 351 <u>-</u> 1603	Ext		Ш
	WITNESS #2 - CALVIN	LATIMER 12 F	OSEMARY	DR ROCH	ESTER N	Y 14621	(585) 305-3	3910 Ext.		USE COVER SHEET
	WITNESS #3 - LAWRENG	CE ELSAW 30 F	ISSFORD	ST ROCH	ESTER N	Y 14613	(585) 285-0	7709 Ext.		N
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n l	Officer's Rank and Signature Officer		-		ī	roop/Zone	Sector R	odriguez,	3/25/2012	- 1
	Print Name Greg Backus		2013	02	701		J	uan M	04:32	

Local Codes 12-085586

New York State Department of Motor Vehicles

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

FQA050000028

Accident Da	ale		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 3	Day 23	Year 2012	Friday	23:57	Vehicles 2	1	0	Accident Reconstructed	×	⊠ Yes □ No

enterprise st	ped
	parked cars
	thurston rd

Accident Date Day of Week Military Time No. of Vehicle No. Injured No. Killed No. Investigated at Scene Left Scene Police Photos 20
Month Dav 7 Year 2 Month O 9 0 4 Zear O Accident Reconstructed
VEHICLE 1. Driver License ID Number 38 L 3 9 675 Stele of Lic. VEHICLE 2 - Driver 878 559 622 Stele of Lic. Driver Name - exactly as printed on license Down ZO A B Driver Name - exactly as printed on license Driver Name - exactly as printed on license Driver Name - exactly Dr
City or Town CI+ES+ER, NY State Zip Code City or Town City
3 Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged Date of Birth Day Year Date of Birth Day Year Date of Birth Public Property Damaged Date of Birth Day Year Dat
SROWN, ZOLA B Month 20ay Ceat TURNER, MAHIE F Month 10ay
City or Toy Coches ER , Notice Type Code City Rown City Rown Code City Rown City
DLH293 NY 2005 Lincoln SUBN 100 APG 5706 NY 2009 Chevy 1405D 1470 Ticket/Arrest Number(s) Violation Violation
Section(s) Section(s) 25
Check if involved vehicle is:
VEHICLE 1 DAMAGE CODES I VEHICLE 2 DAMAGE CODES Sideswipe (same direction) Box 1 - Point of Impact Box 2 - Most Damage Sideswipe (same direction) C Box 1 - Point of Impact Box 2 - Most Damage 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter up to three more Damage Codes 2 4 5 Enter up to three more Damage Codes 3 4 5 ACCIDENT DIAGRAM Vehicle By Towed: To CFBD Zero CFBD ACCIDENT DIAGRAM
VEHICLE DAMAGE CODING: 4 5 6 7
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED 2 13 8 9.
15. TRAILER: 18. NO DAMAGE 16. OVERTURNED 19. OTHER Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No
Reference Marker Coordinates (if available) Place Where Accident Occurred: Latitude/Northing: County MonRot City Village Town of Kochester County City Village Town of Cochester County City Village Town of Cochester County City Village Town of City Village City Vi
Road on which accident occurred 579 //wrston KD (Route Number or Street Name)
at 1) intersecting street KOSQLIND Street Name of S
Longitude/Easting: Route Number or Street Name) or 2) DE DW of
Accident Description/Officer's Notes VEH 2 WAS BRING OPERATED SouthBound ON 30
Thurston RD When VEH. I WAS coming out of the parting Lot
OF The VMCA AND STruck VEH 2. This Chuses a Good Amount USE
of Diffrage to VEH & and million during to VEH I NO THOUSE
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only
1 4 1 47 E BROWN, ZOLA B
od 1 da Turner, morrie P
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É F ,
Officer's Rank and Signature Pho D. K. Duth Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Officer Date/Time Reviewed Date/Time Reviewed Da
in Full A.K. Brown 170 ond West 52 Mg. G. Cartheir 1410

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		Local Codes				POL	ICE	: A(ACCIDENT REPORT								19	
		12-(048067	-				M	V-104	A (3/04)							18
	_	FQ721	5000127	AMI	ENDE	D REPO	RT											
T	Accide	nl Date		Day of W		Military		INo	. of	No. Inju	red	INo. Killed	Not toves	tigated at Scene	□ Left	Scene	Police Photos	3 20
2	Mont		Year 2012		rday		: 48	Ve	of hicles	0	100	0	J	-11		X	☐ Yes ⊠ No	
_	 2	18	2012	VEHICLE		01	. 40				IICL			PEDESTR			R PEDESTRIAL	
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	City or	Town			State	;	Zip Code	Ð		City or To		D		State NY		Zip C 4619	Code	22
3	Date o	Birth	Sex	Unlicensed	No	o of Occupar	its Pub	lic		Date of B			Sex		No. of Occu		Public	
1	Month	Day Y	901			UN		perty		Month 9	Day 25	Year 1988	М	⊠ .	01		Property Damaged	
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Page 2 of 2 Pages

Local Codes 12-048067

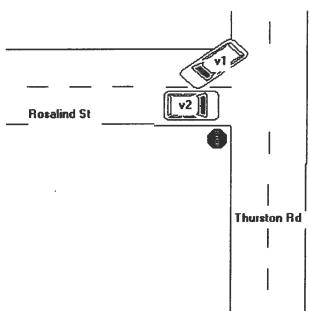
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New York State Department of Motor Vehicles

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

Accident D	Biê		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 2	Day 18	Year 2012	Saturday	01:48	Vehicles 2	0	0	Accident Reconstructed		☐ Yes 🐼 No





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Page 2 of 2 Pages

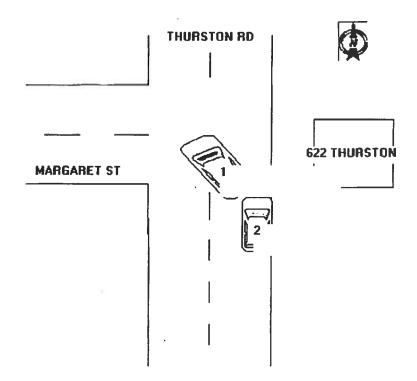
Local Codes 13-053852

New York State Department of Motor Vehicles

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

FQA459000014 ■ AMENDED REPORT

Accident D	ale		Day of Week	Mititary Time	No. of	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 2	Day 27	Year 2013	Wednesday	19:28	Vehicles 2	0	0	Accident Reconstructed		☐ Yes 🖾 No



	Page 1 of 3 Pages		partment of Motor Vehicles
	Local Codes 13-053396		IDENT REPORT
		MV-1 ED REPORT	24A (3/04)
1	Acadent Date Day of Week	Military Time No. of Vehicle	No. Injured No. Killed Not Investigated at Scene Left Scene Police Photos 20
Ŀ	Month Day Year 2013 Wednesda		0 Accident Reconstructed
	VEHICLE 1	State of Lic	■ VEHICLE 2 BICYCLIST
2	VEHICLE 1 - Driver License ID Number 253449152	NY Signa of Life	License ID Number 787233847 NY 21
-	Driver Name - exactly cross, HANS S		Oriver Name - exactly GRAHAM, LARENE 4
	Address (Include Number and Street) 125 ST PAUL ST	Apl N	Apt. No. PO BOX 19861
	City or Town State	Zip Code	City or Town State Zip Code 22
3	ROCHESTER NY Date of Birth Sex Unlicensed	14604 No. of Occupants Public	Date of Birth Sex Unliconsed No. of Occupants Public
1	Month Osy Year M ⊠	01 Property Damaged	Month Day Year 1967 F 🗆 01 Property Damaged
_		Sex Date of Bidh Month Day Yea	Name - exactly as printed on registration Sex Date of Birth 23
	SCALES, SHENA M Address (Include Number and Street)	F 2 17 198 Apt. No Haz Releas	Address (Include Number and Street) Apt. No. Haz Released
4	90 RAMONA PARK City of Town State	Zip Code	PO BOX 19861 Code Code Code Code
1	ROCHESTER NY	14615	ROCHESTER NY 14619 5
5	Plate Number State of Reg. Vehicle Year & Make EVR4839 NY 1999 DODG	Vehicle Type Ins Code SUBN 999	FYB5805 NY 2006 AMGN SUBN 100
1	TickeVArrost Number(s)		Ticket/Arrest Number(s)
	Violation		Violation Section(s)
	Section(s) Check if involved vehicle is.	Check If involved vehicle is.	Circle the diagram below that describes the accident, or draw your own
6	V more Ihan 95 inches wide; E more than 34 feet long;	more than 95 inches wid more than 34 feet long;	Day Sad Lat Time (Sigh) Apple (Blott Turn (Head On
4	H operated with an overweight permit; H perated with an overdimension permit.	operated with an overwe	ension permit.
	C VEHICLE 1 DAMAGE CODES C	VEHICLE 2 DAMAGE Box 1 - Point of Impact	
7	Box 2 - Most Damage 3 3	Box 2 - Most Damage	1 1 2 0 1 4 0 1
4	more damage codes	more damage codes	ACCIDENT DIAGRAM
	1 Vehicle Bv: Towed: To:	Vehicle Bv: Towed: To:	See the last page of the MV-104A for the 1
	VEHICLE DAMAGE CODING:	4 5	accident diagram.
	1-13 SEE DIAGRAM ON RIGHT.		
	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	2 13	9,
	16. OVERTURNED 19. OTHER	, \	Cost of repairs to any one vehicle will be more than \$1000.
		12 11	
		Place Where Accident Occ County MONROE	- DOCUMENTO
	Lattitude/Northing:		City Village Town of RUCHESTER 29 Tred 511 THURSTON RD (Route Number of Street Name)
			(Mode Notice) of Oceanie)
	Longitude/Easting:		□ N ☑ S of SAWYER ST (Route Number or Street Name)
	Assiduat Denoisting/Officer's sales	feet miles	□ E □ W [Milepost, Nearest Intersecting Route Number or Street Name)
	Accident Description/Officer's notes VEHICLE #1 TRAVELING SOUTHBOUT	ND ON THURSTON RD	DID STRIKE VEHICLE #2 AS VEHICLE #2 WAS
	LICENSE AND IS CURRENTLY REVOL	KED FROM OPERATING	OPERATOR #1 DID NOT HAVE A VALID DRIVER'S A MOTOR VEHICLE IN NYS. CITATIONS ISSUED.
	VENTOUR #3 CHERRANTIV HAD A SHE	SPENDED REGISTRAT	ON FOR NO INSURANCE IN EFFECT. MRS. KAMEISHA
	EXPIRING 4/24/13. SHE STATED	SHE HAD JUST LEFT	FROM GREECE, WHERE SHE WAS IN THE PROCESS OF
Α :	8 9 10 11 1		6 17 BY TO 18 Names of all involved Date of Death Only
A L	A 1 1 4 1 36		- CROSS, HANS S
L	B 2 1 4 1 4		- GRAHAM, LARENE
I M			
N V	P _ 2		
O L			
V			
E D	Officer's Rank and Signature OFFICER R.	Badge/ID No.	Troop/Zone Sector Dawley, 3/9/2013
1	Print Name RAFAEL RIVERA	1822	02701 Stephen J 11:03

	New York State Departm POLICE ACCID MV-104A	ENT REPORT		19
13-053396 FQA126000068 Accident Date Day of Week	REPORT	No. Injured No. Killed Not Inv	estigated at Scelle L	Police Photos 20
Month 27 2013 Wednesday VEHICLE	10:19 2	0 0 Accide VEHICLE BICYCLIST VEHICLE 2 - Driver PARSE Common	PEDESTRIAN OTHER	EDESTRIAN State of Lic. 21
VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Or or or or or or or or or or or or or or	Apt. No. d	Driver Name - exactly as printed on Ilconse (Address (Include Number and Street)	+ "ol.	22.1
Address (Include Number and Street) City or Town Date of Birth, Sex Uniconsed No.	Zip Code	City or Town	State Zip Co	
3 Date of Birth Sex Princensed Month Day Yesr Page 1	Date of Birth Month a Day Year	Name - executy as printed on registre	hon Sex to the Date of B	Day a Year 23
Address (Include Number and Street) Taxable Address (Include Numbe	No. Hez Released Mat. Code Zip Code	Address (Include Number and Street	State Zip Co	ode 24
Plate Number State of Reg. Vehicle Year & Make Ticket/Arrest Number(a)	Vehicle Type Inc. Code	Plate Number 7: State of Reg. Ticket/Arrest : Number(s)		
Violation Section(a)	Check if involved vehicle is:	diagram in space	below that describes the accident, or d #9. Number the vehicles.	raw your own
E ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an overdimension permit. ☐ VEHICLE 1 DAMAGE CODES	more than 34 feet long; \(\) operated with an overweight operated with an overdimer \(\) VEHICLE 2 DAMAGE C	nt permit;	Tum logit verges	ideawipe opposite direction)
Box 2 - Most Damage Enter up to three more damage codes 1 Vehicls Bv.	Vehicle By: Towed i To	4 5 ACCIDENT DIAG	RAM	27
VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	2 12	8 9. Cost of repairs to	o any one vehicle will be more than \$10 Unable to determine	00. 28 No
Reference Marker Coordinates (if available)	Place Where Accident Occu County MONROE		☐ Town of	29
Longitude/Easting:	Road on which accident occur at 1) intersecting street		Route Number or Street Name) (Route Number or Street Name) Necrest intersecting Route Number or Stree	n Name)
Accident Description/Officer's notes GETTING VEHICLE REGISTERED.	rehicle #2 WAS IMPO			USE COVER SHEET
	2-22			N Date of Death Only
8 9 10 11 A A		16 17 BY TO 18	Names of all involved	Date of Death City
C				
N D				Date/Time Reviewed
Officer's Rank O and Signature OFFICER Print Name RAFAEL RIVERA	Badge/ID No.	NCIC No. PrecinctPost Troop/Zone	Sector Dawley, Stephen J	3/9/2013 11:03

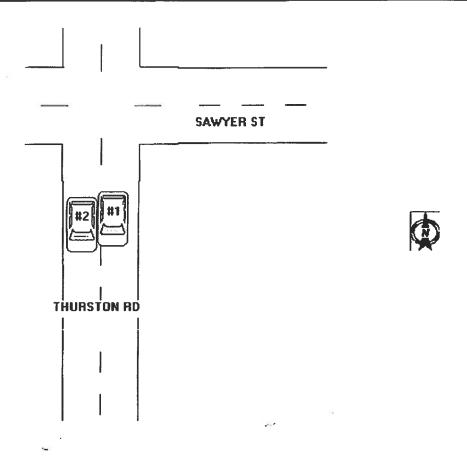
Page 3 of 3 Pages Local Codes 13-053396

New York State Department of Motor Vehicles

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

FQA126000068

Accident Da	ále		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not investigated at Scene	Left Scene	Police Photos	
Month	Oay	Year	Modpoeday	10.10	Vehicles		۱ ۸		1 -	☐ Yes ⊠ No	1
2	27	2013	Wednesday	10:19	2	J 0	٧ ١	Accident Reconstructed LI		LITES MINO	1



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	Local Codes	750		PC	DLIC			DENT	REPO	DRT					19
	13-052					MV	-104/	4 (3/04)							4
	FQ72560	00214	AMEN	DED RE	PORT										
1'	Accident Dale Month Day	Year	Day of Week	Mili	tary Tim	e No.	ol Icles	No. Injured	No. Killed	Nol I	Investigated a	t Scene (Left Scene	Police Ph	
L	Month Day 2 26	2013	Tuesda	ау	16:55		2	1	D		ident Reconsi	_		☐ Yes 2	
			EHICLE 1			State of	Lin	VEHICLE 2 -		ICYCLI		DESTRIA	IN DOTHE	R PEDEST	
2	VEHICLE 1 - Driver License ID Number 177	319853				UT		License ID No	nuper	71451				NY	21
-	Driver Name - exactly as printed on license BR	INGHURST,	TREVO	R				Oriver Name as printed on	exactly AN	CHUN	DA, RUBE	N			-
	Address (Include Number	and Street)				Apt		Address (Inclu	de Number a	and Stree	et)			Apt	. No.
	1823 RED MOUNT City or Town	TAIN DR	Star		Zip C	Code		PO BOX City or Town	60393			State	Zip	Code	22
	SANTA CLARA		יט	r 8	4765			ROCHEST	ER	10	(Veller-et	NY	1,460 o. of Occupants		 -
3	Date of Birth Month Day Year	П м Г	nlicensed	No. of Occ		Public Property	\neg \mathbf{I}	Date of Birth Month Da		Sex	Unlicens		0.0100000000000000000000000000000000000	Property	$_{o} dash$
3	4 9 1992 Name - exactly as printed			Sex		Damaged Birth	끡	9 5		- [ex Date o	Damaged Flirth	23
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5	Ticket/Arrest	141 120.	IZ DODA	132	.02			Ticket/Arrest							
L	Number(s) Violation		-					Number(s)							
	Section(s)							Section(s)		4	- 4 - 9		h- sedded o	drow rour c	25
6	Check if involved v	ehicle is: nches wide:		VI 🗆 mo	re than 9	ed vehicle is 95 inches v	vide;				n below inai ol #9. Number t		he accident, or es.	diaw your o	/W1
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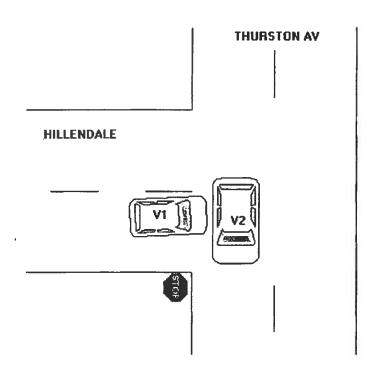
Page 2 of 2 Pages Local Codes 13-052758

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

FQ7256000214 AMENDED REPORT

Accident	Jate		Day of Week	Millary Time	No. ol	No. Injured	No. Killed	Not investigated at Scene	□ Lo	ft Scene	Police Photos
Month 2	0ay 26	Year 2013	Tuesday	16:55	Vehicles 2	1	0	Accident Reconstructed	0		☐ Yes





	Page 1 of	4 Pagos					•			or Vehicles					1	ı
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	City or Town ROCHESTER			ate Y	Zip Co . 4619	ode		City or Tow ROCHES		R		State NY		Code .		22 _
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	ROSEBOROUGH,	-	5	Sex F		Day Y	ear 986		-	ON, SAN	-		Montl 4	Day	Year 1959	23 7
14	Address (Include Number	and Street)		Apt. No.	Haz. Mat.	ı Rele	ased			Number and			Apt. No. Haz. Mai. Code		leased	
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5	GCN7156	- 1	08 KIA		SD	Ins. Co		EPL220	06	NA			Vehicle Type 2DSD		00	
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6	V ☐ more than 95 it E ☐ more than 34 f					inches vi			_	agram in spa	Left, Tem R	r the vehic		Head On		
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		Longitude/Ea	sting:	at 1) in	tersecting	street <u>F</u>	HILL	ENDALE	S	r	(Route Number		- 1			
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ր	^o rint Name Kaitlyn n Full	n Turner			2091		02	701	W	N	52	s	,	21:38		

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	Local Codes 13-050956	OLICE AC		REPOR	? T		İ	19
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2	VEHICLE 1 - Driver License ID Number	State of	ILicense ID	Number ?		2		21
	Driver Name - exactly as printed on license 2000		Driver Names printed in	e - exactly	Daniel L		Y	
	Address (Include Number and Street)	Apt.	No Address (in	clude Number and			Apt. No.	
	City or Town State	Zip Code	City of Tow	n 1 5	*	State . Z	p Code	22
3	Date of Birth	cupants Public	Date of Birt		Sex Unificensed	No. of Occupants		لــــ
		Property Damaged	منز . اب	city as printed on re	edistration	Sex period Date	Oamaged	
		Date of Birth Month Day Y	ear #	医 数测量		Mont	hi - Day Year	23
4	Address (Include Number and Street) Apt. No.			clude Number and	Street)	Apt. No. Haz.	Heleased	
	City or Town State www.	Zip Code	City or Tow			State war z Z		24
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L	Ticket/Arrest Number(s)		Number(s)			(A CASE OF THE STATE OF THE STA	The second second	
	Section(s)				vam below that day	cribes the accident, o	736 4 15	25
6	V ☐ more than 95 Inches wide; 🤻 🙃 💟 ☐ mo	if involved vehicle is ore then 95 inches w ore than 34 feet long	ide; 💝 🚊	diagram in spa	ace #9. Number the	vehicles.		
L	H operated with an overweight permit; , H op	eraled with an overvierated with an overd	veight permit;	Rear End	Left, Turn Right	Angle Right Turn	Hessi On	
	C VEHICLES DAMAGE CODES C	VEHIÇLE 2 DAMAG	E CODES	Sideswipe	Left Turn	Flight Turn	Sidesurpe (opposite direction)	26
7	Box 1 - Point of impact		3 2	. 🖘	0 8	0.7	a. —	
	more damage codes	,	4 15	ACCIDENT D	IAGRAM		Ĺ	
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	VEHICLE DAMAGE CODING:	4 5	6 7	1			ŀ	
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	INVESTIGATION OF THIS MVA THE OWNE THE CAR, SHAUNEE ROSEBOROUGH STATE						mue	$oldsymbol{\perp}$
	OWNER OF THE CAR STATED SHE WAS DR AFTER ASKING THE OWNER OF V1 MORE	IVING THE CA	AR WITH HE	R 2 SONS	IN IT WHEN :	SHE WAS HIT.	à	USE OVER HEET
	DRIVING THE CAR AND HE HIT V2 AND	DROVE OFF.	THE OWNER	OF V1 ST	ATED THE DR	IVER OF V1 D	ROVE	N
	OFF BECAUSE HE DOES NOT HAVE A VAL 8 9 10 11 12 13	14 15	16 17 BY			OF V1 WAS NO of all involved	Date of Death Or	ntv
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D	Officer's Rank and Signature PO K. Moel	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Castar	eviewing Officer	Date/Time Review	red
	Print Name Kaitlyn Turner	2091	02701	ww	52 R	ivers, Jon	2/24/2013 21:38	

	Page 3 of	4 Pages		ew York State	•						1
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2	VEHICLE 1 - Driver License ID Number :		美 爱节	State o		VEHICLE 2		BACK G		State of Uc.	21
	Driver Name - exactly as printed on license				1300	Driver Name as printed or		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		- 1	
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3	three-color contrator and the color and the	Sex peops Unlicensed s	No. of Occu		90	Date of Birth Month . D		or can Inform	No. of Occupants	Property 201	Ш
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4	Address (include Number (Apt. No.	Mat. Re Code	loased;	Address (Ind	ude Number and	Street)	Apt. No. Haz	Released .	
	City of Town	7 500 ·	State			City or Town				ip Coda	24
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6	Check If involved ve	nches wide; 🎉 💢 🐰	` V : ☐ more	than 95 inches than 34 lest for	wide;	AND AND AND AND AND AND AND AND AND AND	diagram in spa	ice #9. Number	the vehicles.		٢
	E ☐ more than 34 for H ☐ operated with a	n overweight permit:	H 🖂 open	ated with an ove	rweight	permit;	Rear End	Left Turn For	pht Angle Right Turn	Heed On	
	VEHICLE		_ CV	HICLE 2 DAMA		DES ANTIN	Sideswipe (same direction)	Left Turn	Right Turn	Sideswipe (opposite direction)	26
7	Box 1 - Point of Imp Box 2 - Most Damas	ge in the second			, i	¥2	2.	0 8	0.7	la -	Ш
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		Congressor Casing.	or 2)		_ F		of	(Route Number of	or Street Name) Sting Route Number or Stre	of Nome)	1
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	THE OWNER OF	V1 ABOUT THE H LING THEM A GR	IT AND R	IN SHE WAS	S ON	THE PHO	ONE WITH	HER INSURA	ANCE COMPANY.	R/O	USE COVER SHEET
	OFF. R/O TOL	D THE OWNER OF	V1 SHE	NEEDED TO	CALL	BACK I	HER INSUR	ANCE COMPA	ANY AND TELL I	HEM	N
	THE TRUTH. T	HE DRIVER OF V	12 13	14 15	. V.	17 BY	TO 18		es of all involved	Date of Death C	Only
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E C	Officer's Hank and Signature PO	K. Ma	el	Badge/ID No.	N		Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Revie	
	rint Name Kaitly			1			Troopizone	Sector	Rivers, Jon	2/24/2013	

Page 4 of 4 Pages

Local Codes 13-050956 FQ7237000139

New York State Department of Motor Vehicles

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

Accident C	ate		Day of Week	Military Time	No. of	No. Injured	No. Killed	Not Investigated at Scene I	Left Scene	Palice Photos
Month 2	Day 24	Year 2013	Sunday	16:33	Vehicles 2	0	0	Accident Reconstructed	×	☐ Yes 🖾 No

(thurston road
parking lot vi	V 2	hillendale st
sawyer st		Ne.

	Page 1 of 1 Pages New York State Department of Molor Vehicles Clocal Codes POLICE ACCIDENT REPORT														ı				
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2	VEHICLE 1 - Driver License ID Number 316928857	State of t	License I	2 - Driver 7408	09901		State of Lic. NY	21						
<u> </u>	Driver Name - exactly as printed on license BROOKS, MONTOYA T		Oriver Na	me - exactly CRU2	, CARMEN	М		7 - 1						
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	VEHICLE DAMAGE CODING:	4 8	0 7	accident diagram.										
	1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED	\ \\\	1	. [
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	or 2)		□n □s	of	(Route Number of									
	Accident Description/Officer's notes	eet . miles	OE OW	(Milepo	st, Nearest Intersect	ing Route Number or Str	reet Name)	30						
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	#1 STATES SHE WAS ATTEMPTING TO MAK	E A RIGHT H	IAND TURN	AND VEHIC	LE SLID ON	THE ICY ROA	DWAY.	USE COYER SHEET						
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l l	rint Name RAFAEL RIVERA	1822	02701			David A	14:26							

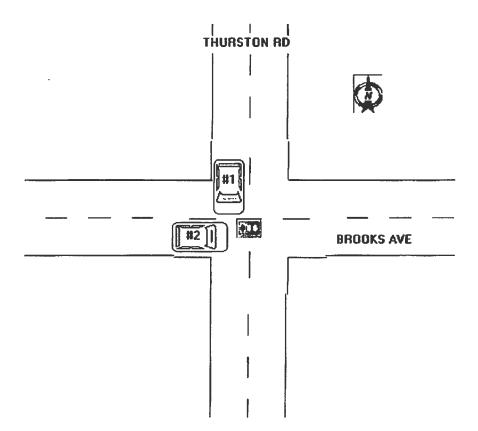
Page 2 of 2 Pages Local Codes 13-036427

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

FQA126000057

Accident Da			Day of Week	Military Time	No. of	No. injured	No. Killed	Not Investigated at Scene	☐ Left Scene	Police Photos
Month 2	Day 8	Year 2013	Friday	13:42	Vehicles 2	0	0	Accident Reconstructed		☐ Yes 🖾 No



	Page of Pages New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104A (6/04)	19 //
	13-036299 DAMENDED REPORT DMV COPY	IJ
-	Month Day Year 2013 FRiday 1230 Vehicles & Accident Reconstructed W Dyes (1276)	20 L
2	VEHICLE 1 - Driver U.O.———————————————————————————————————	21
	as printed on license VVV CV 370 Loc as printed on license Apt. No. Address (Include Number & Street) Apt. No. Address (Include Number & Street) City or Town State Zip Code	22
3	Cothestell My Gold Cothestell Coth	
Ľ	Name-exactly as printed on registration Sex Date of Birth Name-exactly as printed on registration Sex Date of Birth	23 5
1	lahester my 1961/ Kachester my 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 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 N	
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4	C Box 1 - Point of Impact Box 2 - Most Damage	0
	more Damage Codes	27
	VEHICLE DAMAGE CODING:	
	1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 2 13	_
	16. OVERTURNED 19. OTHER VI Cost of repairs to any one vehicle will be more than \$1000.	28
	Reference Marker Coordinates (if available) Place Where Accident Occurred: County Work County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice County Work City Difference of Town of Notice City Difference of Town of Notice City Difference of Town of Notice City Difference City Difference of Notice City Difference of Notice City Difference City	
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	at 1) intersecting street (Route Number or Street Name)	
	Longitude/Easting: (Route Number or Street Name)	
10	Accident Description/Officer's Notes Veh 1 was Coming off W/B SANVAL St and Waking a lefturn 3	30
10	porto S/B Thurston Rd. VEh / S/id and with it's Front Pass side bumper Area dich -	
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A A	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death On	Y.
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Of	ficer's Rank McVelo Badge/ID No. NCIC No. Precinct/Post Station/Beat/ Reviewing Date/Time Reviewed	
Pri	d Signature V NOVS 1398 02701 Troop/Zone Sector Officer 19913 199	5
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Page 1 of 2 Pages New York State Department of Motor Vehicles Local Codes POLICE ACCIDENT REPORT															
	Local Codes 13-032745	POL				REPO	RT			19					
				/-104	A (3/04)					7					
1	Accident Date Day of Week	ED REPOR		of	No. Injured	No. Killed	Not Investigated at	Scenn 50 Left Sc	ene Police Photos	20					
-	Month Day Year	1	Vel	, of hicles 2	0	1 . F	Accident Reconstr		☐ Yes ☑ No						
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2	VEHICLE 1 - Driver Loense ID Number 459721756		State o		VEHICLE 2 - (20040		State of Lic.	21					
-	Driver Name - exactly as printed on license MANYWETHER, CARLET	TA E			Oriver Name -	exactly T NCC	SITER, DIAN	E							
	Address (Include Number and Street)		Ap	ot. No.	do printes sir	de Number and			Apt. No.	┦━┛					
	64 HILLENDALE ST City of Town State	7	ip Code		379 SHEI	RMAN ST		State	Zip Code	22					
	ROCHESTER NY	1461	Ľ9		ROCHESTI			NY 146	06	↓ -					
3	Month Day Year F	No. of Occupant	Property	\Box	Month Day	Year	Sex Unlicense		Property	\vdash					
3	10 16 1947 F	Sex Date	Damaged of Birth		1 25 Name - exactly	1967 as printed on r	I	Sex Da	Damaged	23					
	MANYWETHER, CARLETTA E	P Mor) 16 1	Year L947	LASSITE	R, DIANE	}	1 F 1	mun Day Year 1 25 1967	3					
4	Address (Include Number and Street) 64 HILLENDALE ST	Apt. No. Haz Mat. Code	Rel	leased	Address (Inclu 379 SHE	de Number and RMAN ST	Street)	Apt. No. Ha Ma Co	z. Released	\vdash					
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_	ROCHESTER NY Plate Number State of Reg. Vehicle Year & Make		519 ype !ns. C	ebo	ROCHEST: Plate Number	State o	Reg. Vehicle Year		rpe Ins. Code	5					
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	H D operated with an overweight permit; D operated with an overdimension permit.	□ operated	with an over	rdimen	ion permit.		2(1)	1 5 7	7.	<u> </u>					
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		or 2)	miles		□W of		st, Nearest intersecti	ng Route Number or Str	set Name)	70					
	Accident Description/Officer's notes VEH 1, WHICH WAS FACING E ON	HILLENDA	ALE ST A	\TTEM	PTING T	O MAKE A	LEFT TURN	TO HEAD N O	N	30					
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	8 9 10 11 1	2 13	14 15	16	17 BY	TQ 18	Name	s of all involved	Date of Death	u Only					
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L	3 1 3 4 1 5	3 F		-			LAWS	ON, ROBIN		-					
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N	2 3 4 1 4	5 M		-			BROW	IN, JOHN L							
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L	= 2 4 4 1 1		_	_	_			ER, DAMIEN D							
V E			adge/ID No.	N	CIC No. P	recinct/Post	1	Reviewing Officer	Date/Time Revie	wed					
D	and Signature OFFICER			1	Ti	roop/Zone	Sector	Dawley,	2/8/2013						
1	Print Name SPENSER MCAVOY	[23	325	102	701 •		:	Stephen J	07:38	i					

Page 2 of 2 Pages

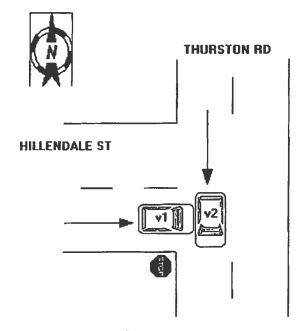
FQA414000012

Local Codes 13-032745

New York State Department of Motor Vehicles

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

Accident D	ale		Day of Week	Military Time	No. of	No. tnjured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month 2	Day 4	Year 2013	Monday	11:29	Vehicles 2	0	0	Accident Reconstructed		☐ Yes ☑ No



	Page 1 ol 3 Pages New York State Department of Motor Vehicles Local Codes POLICE ACCIDENT REPORT														1					
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			300001	, ,						V-104	A (3/04)									9
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-	Monti		Year 201		мопо Мопо		- 1	1 : 07	Ve	of hicles 2	No. Injure	30	No. Killed 0	Accident f					Yes 🖾 No	
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2	VEHIC	LE 1 - Driver a ID Number 8	346254	07					State o		VEHICLE 2	- Or	lver 1690	57297					State of Lic.	21
-		Name - exactly ed on license			/T. V				1 147		Driver Nam	10 - 6.	xactly DED:		EMMAF	₹ E				1
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1	Month	Day Y	Sex 965	M U	nlicensed	140	of Occup 02	Ė	Public Property		Month	20	Year 1992	M	Unitens		01	Proj	perty 🔲	
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		, OLIVI					F	Month 12	13 1	Year L944			SHANTIN		5		F Moni	1	3 1994	5
4		OOLORES		et)		Apt	. No.	laz. Aat. Code	- i Re	leased	Address (In 671 PC		Number and AV	Street)			Apt. No. Haz. Mat. Code		Heleased	
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H operated with an overweight permit; H operated with an overweight permit; operated with an overdimension permit. 3. 3. 1. 5. 7.															nadra.	26				
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Page 2 of 3 Pages New York State Department of Motor Vehicles Local Codes POLICE ACCIDENT REPORT													
	Local Codes 13-025492	POLICE			RT			19					
	FQA413000012 AMENIDE	D REPORT	MV-104A ((3/04)				Ш					
1	Accident Date Day of Week	Military Time	No. of No.	lo, Injured No. Killed	Not investigated	at Scene Left Scen	e Police Photos	20					
L	Month Day Year 1 28 2013 Monday	01:07	Vehicles 2	0 0	Accident Recons		☐ Yes ☑ No						
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	Oriver Name - exactly as printed on license	-55955	88	river Name - exactly as printed on license				·					
	Address (Include Number and Street)	II' A	Apt. No. Add	idress (Include Number an	d Street) provides		Apt. No.						
	City or Town	Zip Code	City	ty or Town		State + Z	lp Code	22					
3	Date of Birth Sex Sex Month: Day Year 型型 Unlicensed 型型 N	o. of Occupants Public		onth Day Year	Sex : Unlicen		Property 🖓 🥅	1					
	(Dama	Nan	me - exactly as printed on	100	Sex . Date	Damaged	23					
	Name - exactly as printed on registration	Month 2 Day	4 SOUTH TEA		1,200		illy the part						
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T 3	Plate Number State of Reg. Vehicle Year & Make	Vehicle Type	ins. Code Plat	ste Number State	of Reg. Vehicle Yes	r & Make Vehicle Typ	e ins. Code	\vdash					
	Ticket/Arrest Number(s)			kel/Arrest mber(s)		- \$ 	1/重数						
L				ction(s)	stop.	1		25					
6		Check il involved vet	hicle is: ্যান্তা	Circle the di	agram below that o	describes the accident, o	or draw your own						
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	14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE	2	13	8 9.									
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	!!!	Road on which accid	ent occurred					29					
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	Accident Description/Officer's notes		103					30					
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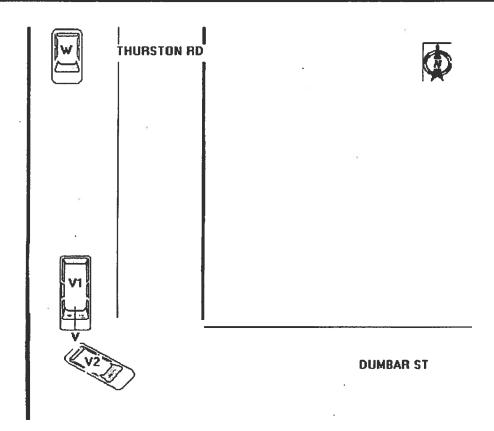
Local Codes 13-025492

New York State Department of Motor Vehicles

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

FQA413000012

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	Local Codes POLICE ACCIDENT REPORT															
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Local Codes 13-023507 FQA382000014 New York State Department of Motor Vehicles

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

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Month 1	Day 25	Year 2013							☐ Yes 🏖 No	

