

NYSCEF DOC. NO. 31
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RECEIVED NYSCEF: 10/02/2025

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 024
Accident No. MV-2022-024-000521

Complaint Number

 AMENDED REPORT19
4

1	1	Accident Date Month 11 Day 16 Year 2022	Day of Week WEDNESDAY	Military Time 20:01	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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20
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VEHICLE 1								VEHICLE	BICYCLIST <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	OTHER PEDESTRIAN <input type="checkbox"/>
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21
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2	X	Vehicle - Driver License ID Number 734584960	State of Lic. NY	Vehicle - Driver License ID Number	State of Lic.
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22
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Driver Name - exactly as printed on license DORJEE, CHIMIE	Driver Name - exactly as printed on license CASTILLO, FAUSTO
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23
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Address (Include Number & Street) 142-001 41 AVENUE	Apt. No. 2B	Address (Include Number & Street) 106 WEST 105 STREET	Apt. No.
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24
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City or Town QUEENS	State NY	Zip Code 11355	City or Town NEW YORK	State NY	Zip Code
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25
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3	2	Date of Birth Month 8 Day 18 Year 1984	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 11 Day 12 Year 1976	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
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26
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Name - exactly as printed on registration NYIMA, TASHI	Sex U	Date of Birth Month Day Year 	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year
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27
1

Address (Include Number & Street) 1829 GEORGE STREET	Apt. No. 2R	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
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28
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City or Town QUEENS	State NY	Zip Code 11385	City or Town	State	Zip Code
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29
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Plate Number T698783C	State of Reg. NY	Vehicle Year & Make 2019 CHEVROLET SEDAN	Vehicle Type	Ins. Code 36	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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30
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Ticket/Accident Number(s)	Violation Section(s)	Ticket/Accident Number(s)	Violation Section(s)
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31
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6	1	V E H I C U L E Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	V E H I C U L E Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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32
1

7	1	C L E V E R Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes 18 18 18	C L E V E R Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes 18 18 18	Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite)
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33
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1	Vehicle By Towed: To	2	Vehicle By Towed: To	ACCIDENT DIAGRAM
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34
1

Vehicle Damage Coding:	DIAGRAM ATTACHED ON SUBSEQUENT PAGE
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35
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1-13. SEE DIAGRAM ON RIGHT.	7 HEAD ON
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36
2

14. UNDERCARRIAGE	17. DEMOLISHED	Cost of repairs to any one vehicle will be more than \$1000.
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37
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15. TRAILER	18. NO DAMAGE	Unknown/Unable to Determine	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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38
2

16. OVERTURNED	19. OTHER
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39
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Reference Marker	Coordinates (if available)	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
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40
2

Latitude/Northing: 40.797367	Road on which accident occurred WEST 105 STREET	(Route Number or Street Name)
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41
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Longitude/Easting: -73.96053	at 1) intersecting street CENTRAL PARK WEST	(Route Number or Street Name)
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42
1

Feet Miles	or 2) 10 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CENTRAL PARK WEST	(Milepost, Nearest intersecting Route Number or Street Name)
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43
2

Accident Description/Officer's Notes AT TPO OPERATOR OF VEHICLE 1 STATES HE WAS DRIVING NORTHBOUND ON		
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44
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CENTRAL PARK WEST WHEN HE STRUCK PEDESTRIAN WHO WAS IN THE CROSSWALK. OPERATOR OF VEHICLE		
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45
1

1 DID NOT SEE PEDESTRIAN STANDING ON CROSSWALK. PEDESTRIAN STATES HE WAS STANDING IN THE		
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46
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CROSS WALK WHEN HE WAS HIT BY VEHICLE 1 CAUSING PAIN TO HEAD, JAW, AND RIGHT KNEE.		
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47
2

PEDESTRIAN WAS TREATED AT SCENE BY EMT CRUZ, BUS NUMBER 11A. ACR 88669032		
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48
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8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
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49
1

A	P	-	-	46	M	1	10	6	11A	7251	CASTILLO, FAUSTO		
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50
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B	1	1	2	1	38	M	-	-	-	-	-	DORJEE, CHIMIE	
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51
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I	N	V	O	L	E	D								
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52
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This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.													
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53
1

Officer's Rank and Signature POM <i>W. Clune</i>	Tax ID No. 970457	NCIC No. 03030	Precinct 024	Post/Sector Reviewing Mark JF. Schreider	Date/Time Reviewed 11/18/2022 05:26
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54
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Print Name WILLIAM J CLUNE	Commissioner of Motor Vehicles LT. MATTHEW T. HYNES
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55
-56
P

USE COVER SHEET