

NYSCEF DOC. NO. 16

RECEIVED NYSCEF: 05/05/2021

Page 1 of 2 Pages

New York State Department of Motor Vehicles

**POLICE ACCIDENT REPORT (NYC)**

MV-104AN (7/11)

Precinct  
010  
Accident No.  
MV-2020-010-000485

Complaint  
Number

 AMENDED REPORT

19

-

20

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1	-	Accident Date Month Day Year 7 16 2020	Day of Week THURSDAY	Military Time 07:30	No. of Vehicles 1	No. Injured 0	No. Killed 0	No Investigated at Scene <input type="checkbox"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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21

7

22

-

23

3

24

3

25

3

26

1

27

1

28

3

29

3

30

1

USE  
COVER  
SHEET

P

VEHICLE 1

 VEHICLE 2  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

2	-	Vehicle 1 - Driver License ID Number 596922972	State of Lic. NY	Vehicle 2 - Driver License ID Number	State of Lic.
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2	-	Driver Name - exactly as printed on license KIM, CHE, H	Driver Name - exactly as printed on license GRILLO, JOHN
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2	-	Address (Include Number & Street) 1234 5 AVENUE	Apt. No.	Address (Include Number & Street) 75 WEST END AVENUE	Apt. No. P33C
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2	-	City or Town NEW YORK	State NY	Zip Code 10029	City or Town NEW YORK	State NY	Zip Code 10023
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2	-	Date of Birth Month Day Year 11 10 1986	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 4 29 1957	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
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2	-	Name - exactly as printed on registration HUDSON RIVER PARK	Sex	Date of Birth Month Day Year	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year
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1	-	Address (Include Number & Street) 1234 5 AVENUE	Apt. No.	Haz. Mat. Code	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code
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1	-	City or Town NEW YORK	State NY	Zip Code 10029	City or Town	State	Zip Code
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1	-	Plate Number AZ2874	State of Reg. NY	Vehicle Year & Make 2017 ME BE	Vehicle Type SEDAN	Ins. Code 162	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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1	-	Ticket/Areest Number(s)	Ticket/Areest Number(s)									
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1	-	Violation Section(s)	Violation Section(s)									
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1	-	V E H I C L E 1	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			V E H I C L E 2	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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1	-	VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES			ACCIDENT DIAGRAM			
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1	-	Box 1 - Point of Impact Box 2 - Most Damage	1	2	Box 1 - Point of Impact Box 2 - Most Damage	1	2	Rear End 1. 	Left Turn 3. 	Right Angle 4. 	Right Turn 5. 	Head On 7. 
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1	-	Enter up to three more Damage Codes	3	4	5	Enter up to three more Damage Codes	3	4	5	Sideswipe (same direction) 2. 	Left Turn 0. 	Right Turn 6. 	Sideswipe (opposite) 8. 
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1	-	Vehicle By Towed: To	Vehicle By Towed: To									
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1	-	VEHICLE DAMAGE CODING:										
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1	-	1-13. SEE DIAGRAM ON RIGHT.										
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1	-	14. UNDERCARRIAGE 17. DEMOLISHED										
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1	-	15. TRAILER 18. NO DAMAGE										
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1	-	16. OVERTURNED 19. OTHER										
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1	-	DIAGRAM ATTACHED ON SUBSEQUENT PAGE										
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1	-	2 SIDE SWIPE (SAME DIR)										
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1	-	9.										
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1	-	Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
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1	-	Reference Marker Coordinates (if available)										
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1	-	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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1	-	Road on which accident occurred WEST 24 STREET										
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1	-	(Route Number or Street Name)										
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1	-	at 1) intersecting street 12 AVENUE										
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1	-	(Route Number or Street Name)										
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1	-	or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)										
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1	-	Accident Description/Officer's Notes AT TPO M/V # 1 STATES THAT HE WAS MAKING LEFT TURN WHEN BICYCLIST MOVED INTO HIS LANE . BICYCLIST STATES THAT HE WAS TRAVELING E/B ON WEST 24 STREET WHEN MOTORIST HIT HIM . BICYCLIST STATES HE WOULD SEEK MEDICAL ATTENTION ON HIS OWN. ALL INVOLVED RMA. PATROL SUPERVISOR NOTIFIED OF COLLISION. BICYCLE SAFETY INSPECTION CONDUCTED ON BICYCLE WITH NEGATIVE RESULTS.										
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1	-	Names of all involved										
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1	-	Date of Death Only										
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1	-	A A 1 1 3 1 33 M - - - - - BY TO 18										
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1	-	B 1 3 3 1 25 M - - - - -										
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1	-	C 2B 1 C 1 63 M - - - - -										
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1	-	INVOLVED Officer's Rank and Signature POM										
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1	-	Print Name in Full JOSE A GUZMAN										
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1	-	Tax ID No. 952818 NCIC No. 03030 Precinct 010 Post/Sector Reviewing Officer SGT DAVID M ALLEVA Date/Time Reviewed 07/17/2020 11:50										
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Side Swipe (same dir) : MV-2020-010-000485

Reporting Officer : POM JOSE A GUZMAN

Reviewing Officer : SGT DAVID M ALLEVA Reviewed Date : 07/17/2020 11:50

