

NYSCEF DOC. NO. 19

RECEIVED NYSCEF: 09/22/2020

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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
112
Accident No.
MV-2019-112-000396

Complaint
Number

 AMENDED REPORT

19

-

20

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1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
2	Month Day Year 15 2019	FRIDAY	17:00	2	0	0	Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE 1

2	VEHICLE 1- Driver License ID Number 502461480	State of Lic. NY	VEHICLE 2- Driver License ID Number 102693180	State of Lic. NY
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Driver Name - exactly as printed on license

NOEL, DARSHAME

Address (Include Number & Street)

10434 164TH PL

Address (Include Number & Street)

1417 E 57TH ST

21

9

22

4

3	City or Town QUEENS	State NY	Zip Code 11433	City or Town BROOKLYN	State NY	Zip Code 11234
1	Date of Birth 9 22 1981	Sex F	Unlicensed <input type="checkbox"/>	Date of Birth 2 14 1973	Sex M	Unlicensed <input type="checkbox"/>

Name - exactly as printed on registration

NOEL, DARSHAME

Address (Include Number & Street)

10434 164TH PL

4	City or Town QUEENS	State NY	Zip Code 11433	City or Town BROOKLYN	State NY	Zip Code 11234				
1	Plate Number DYY7657	State of Reg. NY	Vehicle Year & Make 2018 MAZDA	Vehicle Type SW/SUV	Ins. Code 639	Plate Number HGX7104	State of Reg. NY	Vehicle Year & Make 2013 SUBARU	Vehicle Type SEDAN	Ins. Code 148

Ticket/Accident
Number(s)Violation
Section(s)

5	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
1	V E H I C L E 1	V E H I C L E 1	Rear End Left Turn Right Angle Right Turn Head On 1. 3. 5. 7. 9. Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite) 2. 4. 6. 8.

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