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New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
112
Accident No.
MV-2019-112-000396Complaint
Number☒ AMENDED REPORT

Accident Date Month: 2, Day: 15, Year: 2019		Day of Week FRIDAY	Military Time 17:00	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																
<div> <div> VEHICLE 1 Driver License ID Number: 502461480 Driver Name - exactly as printed on license: NOEL, DARSHAME Address (Include Number & Street): 10434 164TH PL City or Town: QUEENS, State: NY, Zip Code: 11433 Date of Birth: 9/22/1981, Sex: F, Unlicensed: <input type="checkbox"/> Name - exactly as printed on registration: NOEL, DARSHAME Address (Include Number & Street): 10434 164TH PL City or Town: QUEENS, State: NY, Zip Code: 11433 Plate Number: DYY7657, State of Reg: NY, Vehicle Year & Make: 2018 MAZDA, Vehicle Type: SW/SUV, Ins. Code: 639 Ticket/Arrest Number(s): Violation Section(s): </div> <div> VEHICLE 2 Driver License ID Number: 102693180 Driver Name - exactly as printed on license: FREESE, CHRISTOPHER, S Address (Include Number & Street): 1417 E 57TH ST City or Town: BROOKLYN, State: NY, Zip Code: 11234 Date of Birth: 2/14/1973, Sex: M, Unlicensed: <input type="checkbox"/> Name - exactly as printed on registration: FREESE, FRANCIS, E Address (Include Number & Street): 1417 EAST 57 STREET City or Town: BROOKLYN, State: NY, Zip Code: 11234 Plate Number: HGX7104, State of Reg: NY, Vehicle Year & Make: 2013 SUBARU, Vehicle Type: SEDAN, Ins. Code: 148 Ticket/Arrest Number(s): Violation Section(s): </div> </div>																																																									
<div> <div> Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. </div> <div> VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 7, Box 2 - Most Damage: 7 Enter up to three more Damage Codes: 8, 4, 5 Vehicle Towed: By To </div> </div>																																																									
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<div> <div> Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite) </div> <div> ACCIDENT DIAGRAM 1 REAR END </div> <div> DIAGRAM ATTACHED ON SUBSEQUENT PAGE 1 REAR END </div> </div>																																																									
<div> Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>																																																									
<div> Reference Marker: 4 9 5 I, X 5 M 1, 3 0 5 3 Coordinates (if available): Latitude/Northing: 40.73261, Longitude/Easting: -73.8686 Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: 495I E/B LONG ISLAND EXPRESSWAY (Route Number or Street Name) at 1) intersecting street: (Route Number or Street Name) or 2) _____ of WOODHAVEN BLVD (Milepost, Nearest Intersecting Route Number or Street Name) </div>																																																									
Accident Description/Officer's Notes: AT TPO DRIVER OF MV1 STATES THAT SHE WAS DRIVING STRAIGHT AHEAD IN TRAFFIC WHEN DRIVER OF MV2 DID STRIKE HER VEHICLE IN THE REAR CAUSING DAMAGE TO VEHICLE. DRIVER OF MV2 STATES THAT HE WAS DRIVING STRAIGHT WHEN HE LOOKED TO HIS SIDE TO CHANGE LANES AND WHEN LOOKED FOWARD NOTICED MV1 HAD STOPPED AND MV2 HIT MV1 IN THE REAR CAUSING DAMAGE TO FRONT OF MV1 AND REAR OF MV2. MV1 TOWED BY KNIGHTS TOWING. ***** AMEND DETAILS																																																									
<table border="1"> <thead> <tr> <th>ALL INVOLVED</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>37</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>NOEL, DARSHAME</td> <td></td> </tr> <tr> <td>B</td> <td>2</td> <td>1</td> <td>4</td> <td>1</td> <td>46</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>FREESE, CHRISTOPHER, S</td> <td></td> </tr> </tbody> </table>										ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	1	1	4	1	37	F	-	-	-	-	-	-	-	NOEL, DARSHAME		B	2	1	4	1	46	M	-	-	-	-	-	-	-	FREESE, CHRISTOPHER, S	
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Officer's Rank and Signature: POM Print Name in Full: JAMES J VACCARO Tax ID No.: 965583 NCIC No.: 03030 Precinct: 112 Post/Sector: Reviewing Officer: SGT CHRISTOPHE U HASSAN Date/Time Reviewed: 02/15/2019 19:20																																																									