

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

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

Complaint
Number☐ AMENDED REPORT

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"/> Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 4			
2	VEHICLE 1 X VEHICLE 1 - Driver License ID Number 734584960 State of Lic. NY				VEHICLE 2 - Driver License ID Number _____ State of Lic. _____						21 -		
3	Driver Name - exactly as printed on license DORJEE, CHIMIE				Driver Name - exactly as printed on license CASTILLO, FAUSTO						22 -		
4	Address (Include Number & Street) 142-001 41 AVENUE Apt. No. 2B				Address (Include Number & Street) 106 WEST 105 STREET Apt. No. _____						23 1		
5	City or Town QUEENS State NY Zip Code 11355				City or Town NEW YORK State NY Zip Code _____						24 -		
6	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"/>						25 1		
7	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 _____						26 -		
8	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"/>						27 1		
9	City or Town QUEENS State NY Zip Code 11385				City or Town _____ State _____ Zip Code _____						28 2		
10	Plate Number T698783C State of Reg. NY Vehicle Year & Make 2019 CHEVROLET Vehicle Type SEDAN Ins. Code 36				Plate Number _____ State of Reg. _____ Vehicle Year & Make _____ Vehicle Type _____ Ins. Code _____						29 2		
11	Ticket/Arrest Number(s) _____				Ticket/Arrest Number(s) _____						30 -		
12	Violation Section(s) _____				Violation Section(s) _____						USE COVER SHEET		
13	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 #0. Number the vehicles.				25 1
14	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes				ACCIDENT DIAGRAM 7 HEAD ON				26 -
15	Vehicle Towed: By _____ To _____				Vehicle Towed: By _____ To _____				Diagram Attached on Subsequent Page				27 1
16	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Diagram Attached on Subsequent Page				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				28 2
17	Reference Marker				Coordinates (if available) Latitude/Northing: 40.797367 Longitude/Easting: -73.96053				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 Road on which accident occurred WEST 105 STREET (Route Number or Street Name) at 1) intersecting street CENTRAL PARK WEST (Route Number or Street Name) or 2) 10 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CENTRAL PARK WEST Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)				29 2
18	Accident Description/Officer's Notes AT TPO OPERATOR OF VEHICLE 1 STATES HE WAS DRIVING NORTHBOUND ON CENTRAL PARK WEST WHEN HE STRUCK PEDESTRIAN WHO WAS IN THE CROSSWALK. OPERATOR OF VEHICLE 1 DID NOT SEE PEDESTRIAN STANDING ON CROSSWALK. PEDESTRIAN STATES HE WAS STANDING IN THE CROSS WALK WHEN HE WAS HIT BY VEHICLE 1 CAUSING PAIN TO HEAD, JAW, AND RIGHT KNEE. PEDESTRIAN WAS TREATED AT SCENE BY EMT CRUZ, BUS NUMBER 11A. ACR 88669032										30 -		
19	ALL INVOLVED A P - - - - - 46 M 1 10 6 11A 7251 CASTILLO, FAUSTO B 1 1 2 1 38 M - - - - - - - - - - DORJEE, CHIMIE										USE COVER SHEET		
20	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										P		
21	Officer's Rank and Signature POM in Full WILLIAM J CLUNE				Tax ID No. 970457		NCIC No. 03030 Precinct 024		Post/Sector Mark J.F. Schneider COMMISSIONER OF MOTOR VEHICLES Date/Time Reviewed 11/18/2022 05:26				