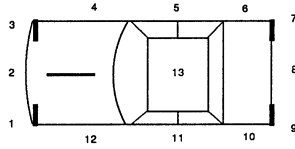


POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
22-12478
FQWS99F1R19L

☐ AMENDED REPORT

1	Accident Date Month: 1, Day: 20, Year: 2022	Day of Week THURSDAY	Military Time 19:08	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19 60	
2	VEHICLE 1				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						20 X
2	VEHICLE 1- Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: ANDERSON, MARQUAN D Address (Include Number and Street): [REDACTED] City or Town: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]				VEHICLE - Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: [REDACTED] Address (Include Number and Street): [REDACTED] City or Town: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]						21
3	Date of Birth: [REDACTED] Sex: M Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 02 Public Property Damaged: <input type="checkbox"/>				Date of Birth: [REDACTED] Sex: [REDACTED] Unlicensed: <input type="checkbox"/> No. of Occupants: [REDACTED] Public Property Damaged: <input type="checkbox"/>						22
4	Name - exactly as printed on registration: CRUTCHER, DAVID J Sex: M Date of Birth: [REDACTED]				Name - exactly as printed on registration: [REDACTED] Sex: [REDACTED] Date of Birth: [REDACTED]						23 1
4	Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] Haz. Mat. Code: [REDACTED] Released: <input type="checkbox"/>				Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] Haz. Mat. Code: [REDACTED] Released: <input type="checkbox"/>						24
5	Plate Number: [REDACTED] State of Reg.: NY Vehicle Year & Make: 2009 DODG Vehicle Type: 4DSD Ins. Code: 999				Plate Number: [REDACTED] State of Reg.: [REDACTED] Vehicle Year & Make: [REDACTED] Vehicle Type: [REDACTED] Ins. Code: [REDACTED]						25
6	Ticket/Arrest Number(s): [REDACTED]				Ticket/Arrest Number(s): [REDACTED]						26
6	Violation Section(s): [REDACTED]				Violation Section(s): [REDACTED]						27
7	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.		28
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] 1 2 Box 2 - Most Damage: [REDACTED] 3 4 Enter up to three more damage codes: [REDACTED] 2 3 4 5				VEHICLE DAMAGE CODES Box 1 - Point of Impact: [REDACTED] 1 2 Box 2 - Most Damage: [REDACTED] 3 4 Enter up to three more damage codes: [REDACTED] 3 4 5				ACIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.		29
7	Vehicle By: EAST AVE AUTO Towed To: EAST AVE AUTO				Vehicle By: [REDACTED] Towed To: [REDACTED]				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		30
7	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER										30
7	Reference Marker: [REDACTED] Coordinates (if available): Latitude/Northing: [REDACTED] Longitude/Easting: [REDACTED]				Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred: 1431 DEWEY AVE (Route Number or Street Name) at 1) intersecting street or 2) 200 feet miles <input type="checkbox"/> N <input checked="" type="checkbox"/> S of RIDGEWAY AVE (Route Number or Street Name) <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)						29
7	Accident Description/Officer's notes (V1) was traveling East on Flower City Park and turned into the gas station at 1431 Dewey Ave. (V1) then crashed into the light pole in the parking lot at the North East corner. (D1) then exited the vehicle and fled on foot but was located a short time after. The passenger complained of pain to her chest but did say it was from as previous incident.										30

A	8	9	10	11	12	13	14	15	16	17 BY	
A	1	1	X	1	21	M	-	-	-		ANDERSON, MARQUAN D
B	1	3	X	1	19	M	05	12	6		HOLLEY, TRINITY
C											
D											
E											
F											
OFFICER'S RANK AND SIGNATURE	PO C. Blina					BADGE/ID NO.	2709	NCIC NO.	02701	PRECINCT/POST TROOP/ZONE	LAKE
PRINT NAME IN FULL	COLIN BLIND					STATION/BEAT SECTOR	LAKE		REVIEWING OFFICER	AZZOLINA, MICHAEL	
										DATE/TIME REVIEWED	1/21/2022