

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 079
Accident No. 2027

Complaint Number 7633

☐ AMENDED REPORT

1	Accident Date Month 11 Day 14 Year 2015	Day of Week Saturday	Military Time 0135	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	-------------------------	-----------------------	----------------------	------------------	-----------------	--	--	--

2	VEHICLE 1	<input type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input checked="" type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
---	-----------	------------------------------------	------------------------------------	--	---

3	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.
---	---	---------------	---	---------------

4	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
---	---	---

5	Address (Include Number & Street)	Apt. No.	Address (Include Number & Street)	Apt. No.
---	-----------------------------------	----------	-----------------------------------	----------

6	City or Town	State	Zip Code	City or Town	State	Zip Code
---	--------------	-------	----------	--------------	-------	----------

7	Date of Birth Month 11 Day 13 Year 1979	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 11 Day 13 Year 1979	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
---	--	----------	-------------------------------------	-----------------------	--	--	----------	-------------------------------------	-----------------------	--

8	Name - exactly as printed on registration	Sex	Date of Birth Month 11 Day 13 Year 1979	Name - exactly as printed on registration	Sex	Date of Birth Month 11 Day 13 Year 1979
---	---	-----	--	---	-----	--

9	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released
---	-----------------------------------	----------	----------------	----------	-----------------------------------	----------	----------------	----------

10	City or Town	State	Zip Code	City or Town	State	Zip Code
----	--------------	-------	----------	--------------	-------	----------

11	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
----	--------------	---------------	---------------------	--------------	-----------	--------------	---------------	---------------------	--------------	-----------

12	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
----	-------------------------	-------------------------

13	Violation Section(s)	Violation Section(s)
----	----------------------	----------------------

14	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.
----	--	--

15	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES
----	------------------------	------------------------

16	Box 1 - Point of Impact	Box 2 - Most Damage	Box 1 - Point of Impact	Box 2 - Most Damage
----	-------------------------	---------------------	-------------------------	---------------------

17	Enter up to three more Damage Codes	Enter up to three more Damage Codes
----	-------------------------------------	-------------------------------------

18	Vehicle By Towed: NO-TOW	Vehicle By Towed: N/A
----	--------------------------	-----------------------

19	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER
----	--

20	Reference Marker	Coordinates (if available) Latitude/Northing:
----	------------------	--

21	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> MANHATTAN <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
----	---

22	Road on which accident occurred Hart St (Route Number or Street Name)
----	--

23	at 1) intersecting street Throop Ave (Route Number or Street Name)
----	---

24	or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
----	--

25	Accident Description/Officer's Notes AT T/P/O Witness states Pedestrian was crossing the street on crosswalk, when a black Sedan made a right turn left turn from Throop Ave to W 15th St and did not yield to Pedestrian, causing injury. Driver of Veh. #1 then fled scene without exchanging info. Veh. #1 Black Sedan.
----	--

26	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
----	---

27	ALL INVOLVED
----	--------------

28	Names of all involved
----	-----------------------

29	Date of Death Only
----	--------------------

30	Officer's Rank and Signature P.O. [Signature]
----	---

31	Print Name in Full Graham
----	---------------------------

32	Tax ID No. 92538
----	------------------

33	NCIC No. 03030
----	----------------

34	Precinct 079
----	--------------

35	Post/Sector
----	-------------

36	Reviewing Officer [Signature]
----	-------------------------------

37	Date/Time Reviewed 11/16/15
----	-----------------------------

38	USE COVER SHEET
----	-----------------

39	P
----	---

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name <u>UNKNOWN</u> First <u> </u> M.I. <u> </u>		D Last Name <u> </u> First <u> </u> M.I. <u> </u>	
Address <u> </u>		Address <u> </u>	
Date of Birth <u> </u> Telephone (Area Code) <u> </u>		Date of Birth <u> </u> Telephone (Area Code) <u> </u>	
B Last Name <u>Cohen</u> First <u>Debra</u> M.I. <u> </u>		E Last Name <u> </u> First <u> </u> M.I. <u> </u>	
Address <u>1379 Bushwick Ave</u>		Address <u> </u>	
Date of Birth <u>11</u> Month <u>13</u> Day <u>29</u> Year <u> </u> Telephone (Area Code) <u>(347) 686-0808</u>		Date of Birth <u> </u> Telephone (Area Code) <u> </u>	
C Last Name <u> </u> First <u> </u> M.I. <u> </u>		Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address <u> </u>		Name: <u> </u>	
Date of Birth <u> </u> Telephone (Area Code) <u> </u>		Shield No. <u> </u>	

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 <u>UNKNOWN</u>	Vehicle No. 2 <u>N/A</u>
Expiration Date <u>UNKNOWN</u>	Expiration Date <u>N/A</u>
VIN <u>UNKNOWN</u>	VIN <u>N/A</u>

WITNESS (Attach separate sheet, if necessary)

Name Leah Perkins Address 310 Jackson St Brooklyn NY Phone 201-286-4956

DUPLICATE COPY REQUIRED FOR:

<input checked="" type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) <u> </u>
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit <u> </u>	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)
<u> </u>	<u> </u>

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle-Operator's First Name <u> </u> Last Name <u> </u>		Rank <u> </u>	Shield No. <u> </u>	Tax ID. No. <u> </u>	Command <u> </u>
Make of Vehicle <u> </u>	Year <u> </u>	Type of Vehicle <u> </u>	Plate No. <u> </u>	Dept. Vehicle No. <u> </u>	Assigned To What Command <u> </u>
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones
<input type="checkbox"/> Headlights					

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal <u> </u>	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) <u> </u>	