

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 079

Accident

Complaint  
Number☐ AMENDED REPORT

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USE  
COVER  
SHEET

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Accident Date Month 3 Day 15 Year 2014	Day of Week Sat	Military Time 0051	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reconstructed <input type="checkbox"/>								

VEHICLE 1 ☐ VEHICLE 2 ☐ BICYCLIST ☒ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.
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Driver Name - exactly as printed on license Brett, Ruddle	Driver Name - exactly as printed on license Wood, Janai
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Address (Include Number & Street) 24 Dekalb Ave	Apt. No. 56	Address (Include Number & Street) 275 Kosciusko St	Apt. No. 38
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City or Town Brooklyn	State NY	Zip Code 11216	City or Town Brooklyn	State NY	Zip Code
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Date of Birth Month 11 Day 25 Year 83	Sex M	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 6 Day 21 Year 84	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
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Name - exactly as printed on registration James, Bernard, A.	Sex M	Date of Birth Month Day Year	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year
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Address (Include Number & Street) 46A Pulaski St.	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
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City or Town Brooklyn	State NY	Zip Code 11206	City or Town	State	Zip Code
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Plate Number G1CF 2792	State of Reg. NY	Vehicle Year & Make 2008 Toyota	Vehicle Type SDN	Ins. Code 327	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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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.	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	12 12
Vehicle By Towed: To N/A		

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.	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	1 1
Vehicle By Towed: To		

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1. ← ←	Left Turn 3. ↙ ↘	Right Angle 4. ↓	Right Turn 5. →	Head On 7. → ←
Sideswipe (same direction) 2. ← ←	Left Turn 0. ↙ ↘		Right Turn 6. →	Sideswipe (opposite) 8. → ←

ACCIDENT DIAGRAM

Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input checked="" type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred Throop Avenue (Route Number or Street Name) at 1) intersecting street Hart Street (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest Intersecting Route Number or Street Name)
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**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name First M.I.				D Last Name First M.I.			
Address				Address			
Date of Birth Month Day Year		Telephone (Area Code) ( )		Date of Birth Month Day Year		Telephone (Area Code) ( )	
B Last Name First M.I. <i>WOOD JANOW</i>				E Last Name First M.I.			
Address <i>275 Kosciuszko St</i>				Address			
Date of Birth Month Day Year <i>6 21 84</i>		Telephone (Area Code) ( )		Date of Birth Month Day Year		Telephone (Area Code) ( )	
C Last Name First M.I.				Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address				Name:			
Date of Birth Month Day Year		Telephone (Area Code) ( )		Shield No.			

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

Vehicle No. 1 <i>162 4851-FO2-32 001</i>	Vehicle No.2 _____
Expiration Date <i>4/4/14</i>	Expiration Date _____
VIN <i>2T1KR32E98C705230</i>	VIN _____

**WITNESS (Attach separate sheet, if necessary)**

Name <i>Figueroa, Deyra</i>	Address <i>275 Kosciuszko St</i>	Phone <i>347-564-8887</i>
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**DUPLICATE COPY REQUIRED FOR:**

<input 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) _____
<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 _____	

**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)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle—Operator's First Name Last Name		Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command
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 _____	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	