

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

 Precinct  
**050**  
 Accident No.  
**MV-2016-050-011723**

 Complaint  
 Number

☐ AMENDED REPORT

1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20																																																																																																																
	Month	Day	Year						Reconstructed <input type="checkbox"/>																																																																																																																			
	12	16	2016	FRIDAY	18:53	1	1	0																																																																																																																				
VEHICLE 1 <input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																																												
2	VEHICLE 1 - Driver License ID Number <b>718182099</b>					State of Lic. <b>NY</b>		VEHICLE 2 - Driver License ID Number					21																																																																																																															
	Driver Name - exactly as printed on license <b>CARRERO, LOUIS</b>							Driver Name - exactly as printed on license <b>SAVINONO, YSABEL</b>																																																																																																																				
3	Address (Include Number & Street) <b>PARSONS BLVD</b>					Apt. No.		Address (Include Number & Street) <b>2825 CLAFLIN AVENUE</b>					22																																																																																																															
	City or Town <b>FLUSHING</b> State <b>NY</b> Zip Code <b>11355</b>							City or Town <b>BRONX</b> State <b>NY</b> Zip Code																																																																																																																				
4	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged		Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	23																																																																																																														
	Month	Day	Year					Month	Day	Year																																																																																																																		
	3	11	1974	M		1		1	5	1955	F																																																																																																																	
5	Name - exactly as printed on registration <b>CARRERO, LOUIS</b>					Sex <b>M</b>	Date of Birth		Name - exactly as printed on registration					24																																																																																																														
	Address (Include Number & Street) <b>PARSONS BLVD</b>						Apt. No.		Address (Include Number & Street)																																																																																																																			
6	City or Town <b>FLUSHING</b> State <b>NY</b> Zip Code <b>11355</b>							City or Town					25																																																																																																															
7	Plate Number <b>GRM8051</b>		State of Reg. <b>NY</b>	Vehicle Year & Make <b>2011 HONDA</b>	Vehicle Type <b>SEDAN</b>	Ins. Code <b>100</b>		Plate Number		State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	26																																																																																																														
8	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					27																																																																																																																	
	Violation Section(s)					Violation Section(s)																																																																																																																						
9	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.					28																																																																																																																	
	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <b>1</b> Box 2 - Most Damage <b>12</b> Enter up to three more Damage Codes <b>3 4 5</b> <b>18 18 18</b>					VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <b>1</b> Box 2 - Most Damage <b>2</b> Enter up to three more Damage Codes <b>3 4 5</b>																																																																																																																						
10	Vehicle By Towed: To Vehicle By Towed: To					Vehicle By Towed: To Vehicle By Towed: To					29																																																																																																																	
	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 6 RIGHT TURN (OPP DIR)																																																																																																																						
11	Reference Marker		Coordinates (if available)		Place Where Accident Occurred: <input checked="" type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred <b>RESERVOIR AVENUE</b> (Route Number or Street Name)								30																																																																																																															
			Latitude/Northing: <b>40.874474</b>		at 1) intersecting street <b>WEBB AVENUE</b> (Route Number or Street Name)																																																																																																																							
12			Longitude/Easting: <b>-73.90031</b>		or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)								31																																																																																																															
Accident Description/Officer's Notes <b>DRIVER# STATES HE WAS LOOKING FOR PARKIG WHEN HE MADE THE LEFT TURN ON WEBB HE HEARD SOMEONE SCREAMING HE STOPPED AND HE REALIZED THE PEDESTRIAN WAS ON THE FLOOR, PEDESTRIAN STATES THAT VEHICLE HIT HER. NO WITNESS BY POLICE.</b>												32																																																																																																																
ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></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>P</td> <td>-</td> <td>-</td> <td>-</td> <td>61</td> <td>F</td> <td>4</td> <td>6</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>SAVINONO, YSABEL</td> <td></td> </tr> <tr> <td>B</td> <td>1</td> <td>1</td> <td>4</td> <td>1</td> <td>42</td> <td>M</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>CARRERO, LOUIS</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>													8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A	P	-	-	-	61	F	4	6	6	-	-	-	-	SAVINONO, YSABEL		B	1	1	4	1	42	M	-	-	-	-	-	-	-	CARRERO, LOUIS																																																																		33
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Officer's Rank and Signature <b>POM</b> Print Name in Full <b>VICENTE DELOSSANTOSADON</b>																																																																																																																												
Tax ID No. <b>956579</b>		NCIC No. <b>03030</b>		Precinct <b>050</b>		Post/Sector		Reviewing Officer <b>SGT MICHAEL A HENNELLY</b>		Date/Time Reviewed <b>12/21/2016 11:57</b>		34																																																																																																																

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COVER  
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