

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

19
18Precinct
094
Accident No.
MV-2017-094-002376Complaint
Number☐ AMENDED REPORT

1 1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 4
	Month 11	Day 15	Year 2017	WEDNESDAY	17:00	1	2	0	Reconstructed <input type="checkbox"/>			

2 4	VEHICLE 1					VEHICLE 2					21 -
	VEHICLE 1 - Driver License ID Number 123403715 Driver Name - exactly as printed on license MAKRIDIS, GEORGIOS, K Address (Include Number & Street) 165 OLD COURTHOUSE RD City or Town NEW HYDE PARK State NY Zip Code 11040					VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license CURRAN, JIM Address (Include Number & Street) 530 LEONARD STREET City or Town BROOKLYN State NY Zip Code					

3 1	Date of Birth					Sex	Unlicensed	No. of Occupants	Public Property Damaged	22 -
	Month 3	Day 20	Year 1964	M	<input type="checkbox"/>	1	<input type="checkbox"/>			

4 4	Name-exactly as printed on registration					Sex	Date of Birth	23 3
	A&B CONTRACTING SERVICES INC Address (Include Number & Street) 23-56 STEINWAY STREET City or Town QUEENS State NY Zip Code						Month 3 Day 2 Year 1969 M <input type="checkbox"/>	

5 1	Plate Number					State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	24 -
	33726MB					NY	2011 FORD	SW/SUV		

6 1	Ticket/Arrest Number(s)					25 3
	0201371235					

7 2	Violation Section(s)					26 -
	19-190B					

8 1	Check if involved vehicle is:					27 1
	<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.					

9 2	VEHICLE 1 DAMAGE CODES					28 2
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					

10 1	VEHICLE 2 DAMAGE CODES					29 2
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes					

11 1	VEHICLE DAMAGE CODING:					30 -
	1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					

12 1	Reference Marker					31 -
	Coordinates (if available)					

13 1	Place Where Accident Occurred:					32 -
	<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 NASSAU AVENUE (Route Number or Street Name) at 1) intersecting street NORTH 15 STREET (Route Number or Street Name) or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of N15 STREET (Milepost, Nearest intersecting Route Number or Street Name)					

14 1	Accident Description/Officer's Notes					33 -
	AT T/P/O OPERATOR OF VEH#1 STATES THAT HE LOOK AND SLOW DOWN BEFORE MAKING THE LEFT TURN AND HIT 2 PEDSTRIANS AT THE UNMARKED CROSSWALK. PED #1 AND PED #2 STATES WHILE CROSSING THE STREET ON A UNMARKED CROSSWALK AND GOT HIT BY VEH#1. PED #1 AND PED#2 WAS REMOVE TO BELLEVUE HOSPITAL.					

15 1	Diagram Attached on Subsequent Page					34 -
	0 LEFT TURN (SAME DIR) 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					

16 1	Diagram Attached on Subsequent Page					35 -
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MV-104AN (7/11)

 Precinct
094
 Accident No.
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 Complaint
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☐ AMENDED REPORT

1	Accident Date		Day of Week		Military Time		No. of Vehicles		No. Injured		No. Killed		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19																																																																																																																																																																
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<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Officer's Rank and Signature POM Print Name in Full ELLIOT C HUANG </div> <div style="width: 48%;"> Tax ID No. 941917 NCIC No. 03030 Precinct 094 Post/Sector SGT FRANCIS M COOPER Date/Time Reviewed 11/16/2017 07:31 </div> </div>																			33																																																																																																																																																																

USE COVER SHEET

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