

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct
079

Accident No.
MV-2016-079-011895

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 12	Day 27	Year 2016	TUESDAY	17:55	1	1	0	Reconstructed <input type="checkbox"/>								
2	VEHICLE 1												21				
	VEHICLE 1 - Driver License ID Number 282246040						State of Lic. NY		VEHICLE 1 - Driver License ID Number						State of Lic.		
	Driver Name - exactly as printed on license FOREMAN, DECORDOVA						Driver Name - exactly as printed on license WORLD, TARA										
	Address (Include Number & Street) 328 STERLING PLACE						Apt. No. 4E		Address (Include Number & Street) 24 VERNON AVENUE						Apt. No.		
3	City or Town BROOKLYN						State NY		City or Town BROOKLYN						State NY		22
	Zip Code								Zip Code								
	Date of Birth Month 4 Day 10 Year 1950		Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 4 Day 10 Year 1950		Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>					
	Name - exactly as printed on registration FOREMAN, DECORDOVA						Sex M	Date of Birth Month 4 Day 10 Year 1950		Name - exactly as printed on registration						Sex	
4	Address (Include Number & Street) 566 GREENE AVENUE						Apt. No. 10		Haz. Mat. Code		Released <input type="checkbox"/>		23				
	City or Town BROOKLYN						State NY		Zip Code								
	Plate Number HEY8184						State of Reg. NY		Vehicle Year & Make 2014 HYUNDAI		Vehicle Type STATION WAGON/SPORT			Ins. Code 626			
	Ticket/Arrest Number(s)						Violation Section(s)										
6	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Check if involved vehicle is:</p> <p><input type="checkbox"/> more than 95 inches wide;</p> <p><input type="checkbox"/> more than 34 feet long;</p> <p><input type="checkbox"/> operated with an overweight permit;</p> <p><input type="checkbox"/> operated with an overdimension permit.</p> </div> <div style="width: 48%;"> <p>Check if involved vehicle is:</p> <p><input type="checkbox"/> more than 95 inches wide;</p> <p><input type="checkbox"/> more than 34 feet long;</p> <p><input type="checkbox"/> operated with an overweight permit;</p> <p><input type="checkbox"/> operated with an overdimension permit.</p> </div> </div>												25				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>VEHICLE 1 DAMAGE CODES</p> <p>Box 1 - Point of Impact 10</p> <p>Box 2 - Most Damage 18</p> <p>Enter up to three more Damage Codes 3 18 4 18 5 18</p> <p>Vehicle By Towed: To</p> </div> <div style="width: 48%;"> <p>VEHICLE 2 DAMAGE CODES</p> <p>Box 1 - Point of Impact 1</p> <p>Box 2 - Most Damage 2</p> <p>Enter up to three more Damage Codes 3 4 5</p> <p>Vehicle By Towed: To</p> </div> </div>																
	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Rear End 1. </div> <div style="text-align: center;">Left Turn 3. </div> <div style="text-align: center;">Right Angle 2. </div> <div style="text-align: center;">Right Turn 5. </div> <div style="text-align: center;">Head On 7. </div> </div>																
	<p>DIAGRAM ATTACHED ON SUBSEQUENT PAGE</p> <p>0 LEFT TURN (SAME DIR)</p> <p>9. </p>																
7	<p>Cost of repairs to any one vehicle will be more than \$1000.</p> <p><input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>												26				
	<p>Reference Marker</p> <p>Coordinates (if available)</p> <p>Latitude/Northing: 40.68951</p> <p>Longitude/Easting: -73.948044</p>																
	<p>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</p> <p>Road on which accident occurred CLIFTON PLACE</p> <p>(Route Number or Street Name)</p> <p>at 1) intersecting street MARCY AVENUE</p> <p>(Route Number or Street Name)</p> <p>or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____</p> <p>(Milepost, Nearest Intersecting Route Number or Street Name)</p>																
	<p>Accident Description/Officer's Notes VEHICLE ONE STATES HE WAS TRAVELING NORTHBOUND ON MARCY AVE IN THE LEFT LANE WHEN HE MADE A LEFT TURN ON CLIFTON PL THEN SLIGHTLY BRUSHES AGAINST THE PEDESTRIAN. PEDESTRIAN STATES SHE WAS CROSSING NORTHBOUND ON MARCY AVE IN THE INTERSECTION OF MARCY AND CLIFTON PL WHEN SHE WAS STRUCK BY VEHICLE ONE. PEDESTRIAN REMOVED TO HOSPITAL FOR PRECAUTION</p>																
ALL INVOLVED	<p>8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only</p> <p>A P - - - 41 F 10 12 6 2145 7105 WORLD, TARA</p> <p>B 1 1 2 1 66 M - - - - - FOREMAN, DECORDOVA</p>												27				
	<p>Officer's Rank and Signature POM</p> <p>Print Name in Full RODNEY K HALE</p>																
	<p>Tax ID No. 933826</p> <p>NCIC No. 03030</p> <p>Precinct 079</p> <p>Post/Sector</p> <p>Reviewing Officer SGT TREVOR J BARONETTE</p> <p>Date/Time Reviewed 12/28/2016 08:54</p>																
	<p>Diagram 13: </p>																

USE COVER SHEET

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