

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

 Precinct **079**
 Accident No. **1973**

Complaint Number

☐ AMENDED REPORT

1 Accident Date Month 11 Day 06 Year 75		Day of Week FR		Military Time 0720		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	
2 RECONSTRUCTED <input checked="" type="checkbox"/>																	
3 VEHICLE 1																	
4 VEHICLE 1 - Driver License ID Number 514859464 State of Lic. NY																	
5 Driver Name - exactly as printed on license BURRUS James Scott																	
6 Address (Include Number & Street) 549 Monroe ST Apt. No.																	
7 City or Town BK State NY Zip Code 11221																	
8 Date of Birth 02/17/86 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>																	
9 Name - exactly as printed on registration BURRUS James Sex M Date of Birth 02/17/86																	
10 Address (Include Number & Street) 552 RECTOR ST Apt. No.																	
11 City or Town BK State NY Zip Code 11233																	
12 Plate Number GYV8674 State of Reg. NY Vehicle Year & Make 2013 Ford Vehicle Type P45 Ins. Code 410																	
13 Ticket/Arrest Number(s) None																	
14 Violation Section(s) None																	
15 VEHICLE 2																	
16 VEHICLE 2 - Driver License ID Number Williams Ricky State of Lic.																	
17 Driver Name - exactly as printed on license Williams Ricky																	
18 Address (Include Number & Street) 298 LEXINGTON AVE Apt. No.																	
19 City or Town BK State NY Zip Code 11216																	
20 Date of Birth 07/30/90 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/>																	
21 Name - exactly as printed on registration Williams Ricky Sex M Date of Birth 07/30/90																	
22 Address (Include Number & Street) 298 LEXINGTON AVE Apt. No.																	
23 City or Town BK State NY Zip Code 11216																	
24 Plate Number NY State of Reg. NY Vehicle Year & Make 2013 Ford Vehicle Type P45 Ins. Code 410																	
25 Ticket/Arrest Number(s) None																	
26 Violation Section(s) None																	
27 VEHICLE DAMAGE CODING:																	
28 1-13. SEE DIAGRAM ON RIGHT.																	
29 14. UNDERCARRIAGE 17. DEMOLISHED																	
30 15. TRAILER 18. NO DAMAGE																	
31 16. OVERTURNED 19. OTHER																	
32 ACCIDENT DIAGRAM																	
33 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																	
34 Road on which accident occurred C/O CLIFTON ST + MARCY AVE																	
35 at 1) intersecting street C/O CLIFTON ST + MARCY AVE																	
36 or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of CLIFTON ST																	
37 Accident Description/Officer's Notes AT TRIP/D DRIVER 1 STATES WHILE DRIVING N/B ON MARCY AVE, HE MADE A LEFT TURN E/B OF CLIFTON PLAZA AND HE DIDNT SEE PEDESTRIAN, PEDESTRIAN WAS STRUCK BY DRIVER 1. PEDESTRIAN STATES WHILE WALKING ON N/B MARCY AVE, DRIVER 1 DID STRUCK HIM WITH HIS CAR BY ACCIDENT. EMS ON SCENE BUS# 451 EMT BENTLEY SHIELD# 1560 PEDESTRIAN WAS TAKEN TO WOODHULL HOSPITAL WITH LEFT LEG + HEAD PAIN. ASR# 0763																	
38 ALL INVOLVED																	
39 OFFICER'S RANK AND SIGNATURE P.O. RODRIGUEZ																	
40 TAX ID NO. 948159 NCIC NO. 03030 PRECINCT 079 POST/SECTOR D REVIEWING OFFICER SS DATE/TIME REVIEWED 11/16/15																	

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

A Last Name, <u>Williams</u> First <u>Ricky</u> M.I.		D Last Name _____ First _____ M.I. _____	
Address <u>298 Lexington Ave</u>		Address _____	
Date of Birth Month <u>07</u> Day <u>20</u> Year <u>1990</u> Telephone (Area Code) <u>104</u> <u>619</u> <u>7859</u>		Date of Birth Month _____ Day _____ Year _____ Telephone (Area Code) () () ()	
B Last Name _____ First _____ M.I. _____		E 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) () () ()	
C Last Name _____ First _____ M.I. _____		Highway Dist. at Scene? <input type="checkbox"/> Yes <input 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 <u>E5971349215</u>	Vehicle No. 2 _____
Expiration Date <u>6-30-16</u>	Expiration Date _____
VIN <u>1FAHAP2F8X06225617</u>	VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

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)

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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) _____ | |