	Precinci POL CE ACCIDENT F		19						
<i>,</i>	Accident No. 54 6 Complaint Number -104AN (7/	AMENDED REPORT							
1	Accident Date  Day of Work  Multary Time  Vohic		20						
<u>'</u>	Month 293 Years Man 1655 Years	Reconstructed	Ш						
2	VEHICLE 1- Driver 592 757 123 State of Lice		21						
3	Driver Name - exactly as printed on license Costez Reynaldo JR	Driver Name - exactly as printed on license Rivera An A	]_						
	Address (Include Number & Stroet) + 5+ B52		22						
	City or Jown NY State Tip Code 8'	City or Town State Zin Sode 10465	<del>"</del>						
1	Nonth Day Yes Unificensed No. of Occupants Public Property Damaged	Date of Birth   Sex   Unlicensed   No. of Occupants   Public Property   Damaged   Da							
	Name-exactly as printed on registration  NGNVG-CZ  Sex  Sex  Opte of Birth  Month  Day  Yea	Name-exactly as printed on registration  Sex   Date of Birth   Month   Day   Car							
4	Address (Include Number & Street)  Apt. No. Haz. Released  Apt. No. Haz. Mat		<sup>23</sup>						
	City or Town  City or Town  Code  Lin Code  Lin Code  Lin Code  Lin Code  Lin Code  Lin Code	City or Town Paid Zip Code	띧						
	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Cox 583781 NY COX Honda	de Plate Number Share of Regulation Year & Make Vehicle Type Ins. Code	7						
5	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)							
L	Violation Section(e)	Violation (s)							
6	Check if involved vehicle is:  Check if involved vehicle is:  more than 95 inches wide;  Check if involved vehicle is:  more than 95 inches wide;	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	3						
	V D more than 34 feet long; V D more than 34 feet long; Rear End Left Turn Right Angle Right Turn Head On								
	H								
7	L Box 2 - Most Damage L Box 2 - Most Caurage	2. 0. 4. 6. 8. —	<u> </u>						
<u> </u>	Enter up to three and a second		<b>2</b> 7						
	Towed: To Towed: To								
	VEHICLE DAMAGE CODING:								
	1-13. SEE DIAGRAM ON RIGHT.  14. UNDERCARRIAGE 17. DEMOLISHED 2								
	15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000.	Z <sup>8</sup>						
	Reference Marker   Coordinates (if evallable)   Place Where Accident Occur   Latitude/Northing:   Read on which project occurred	TEG BRONX KINGS NEW YORK QUEENS RICHMOND							
	Road on which accident occurred	(Royle Number or Street Name)	29						
	at 1) Intersecting street	(Route Number or Street Name)	Ш						
	or 2) ON OS OF OW	of(Mileopst, Necrest Intersecting Route Number or Street Nume)							
	Accident Description/Officer's Notes At + 1910 diner next States was malling left hand								
	tern on to webb promue when the	ting le zn cross naik put hands than Steles was crossing strad when	USE COVER D-LET						
	The didn't See rettel coming of	har happeds up to same Karself when	D						
	8 9 10 11 12 13 14 15 16	17 BY TO 18 Names of all involved Date of Death (	Only						
î A	1   1   4   1   3   m - 13   6	Contez Reynaldo JR -							
ΝC	1 4 5 1 2 m - 13 6	contez Kenn-th -							
Ŏ D V E	1 6 5 1 1 F - 13 6	- orderez Christian -	$\dashv$						
ĔF	Toy ID NO.	CORTEZ REYALNIS -	$\Box$						
	and Millers	Officer	_						
Pı	Int Name Full	2/24/17							
_		· · · · · · · · · · · · · · · · · · ·							

PERSONS KILLED OR INJURED	ACCIDENT (Le	etter ination	of persons ki	illed or inju	red must c	orrespond wit	h letter	nation on front
A Last Name	First	M.I.	D Last Nam			Firs		rs. M
Address			Address			<del> </del>	<del></del>	
D . (D)	<del></del>		D 1 4510					
Date of Birth  Month Day Year	Telephone (Area Code)		Date of Birth Month	Day		telepho:	ne (Area Code	1
B Last Name	First	M.I.	E Last Name	9	<u> </u>	First		М.
Address			Address					
Date of Birth	Telephone (Area Code)		Date of Birth				ne (Area Code	)
Month Day Year  C Last Name	( ) First	M.I.	Month	Опу	Yı	oar (	)	
Address			Highway Dis Name:	t. at Scene?	☐ Yes	□ No		
, 188.030								
Date of Birth Month Day Year	Telephone (Area Code)		<u></u>				Shleid	No.
ENTER INSURANCE POLICY NUN	IBER FROM INSU	RANCE IDENT	FICATION	CARD, EX	(PIRATIO	N DATE (IN A	ALL CASES	3), AND VIN.
Vehicle No. 1 4260 - 13	5-08-38		Vehicle No	o.2				<u> </u>
Expiration Date 7-78	_		Expiration		1.7.			
		27			<del>- 1</del> ~			
VIN 2HKYF1862	6 45181	<u>)+</u>	VIN	<u> </u>			<del></del>	
WITNESS (Attach separate sheet,	if necessary)	Addra	55		_		Phon	
		<del></del>						
				<del></del>		<del></del> -		<u> </u>
DUBLICATE CORV REQUIRED EO	ND.				<del> </del>		<del></del>	<del></del>
DUPLICATE COPY REQUIRED FO			<b>-</b>					
Dept. of Motor Vehicles (if anyone is killed/injured)	☐ Motor Tran (P.D. vehicl				Limousin ed taxi or l	e Comm. 🛭 imousine	Other City (Specify)	/ Agency
(,	(1.5. 75/115/			volved)	Ju 10/11 J. 1		(0000)	
Office of Comptroller (if a City vehicle involved)	Personnel (if a P.D. ve	Safety Unit chicle involved)	□ ні	ighway Ui	nit			
NOTIFICATIONS: (Enter name, add notified. In either case, give date an			ve notified. If	aided pers	on is unider	ntified, list Miss	sing Person S	iquad member s
·								
PROPERTY DAMAGED (other than	n vehicles)		OWNER C	OF PROP	ERTY (inc	lude city age	ncy, where	applicable)
			<del> </del>					
<u> </u>		<del></del>	-					
IF NYPD VEHICLE IS INVOLVED:			<u> </u>					
Police Vehicle-Operator's First Name	Last Name		Rank	Shi	eld No.	Tax ID. No.	Corr	ımand
		In				<u> </u>		
Make of Vehicle Year	Type of Vehicle	Plate No.			Dept. Vehicle	No.	Assigned To V	Vhat Command
Equipment in Use At Time of Accident			_				L	
☐ Siren ☐ Horn	☐ Turret Light ☐	4-Way Flasher	☐ High-Lo	vel Warning	Lights (	☐ Traffic Cones	☐ Head	ights
ACTIONS OF POLICE VEHICLE								
Responding to Code Signal				☐ Corr	plying with	Station House	Directive	
Pursuing Violator			☐ Routine Patrol					
Other (Describe)								
•	<del></del>		-					

MV-104AN (7/11)

0	Pege C of Z Pages  York Department of Motor Vehicles  Procinct 50  POLICE ACCIDENT REPORT (NYC)	19
	Accident No. 346   Comptaint   MV-104AN (7/11)	
	Accident Date Day of Week Military Time No. of No. Injured No. Killed Not Investigated at Scene   Left Scene   Police Photos	20
	Megith 7 day 1655 1 1 Reconstructed   Pres   No	
-	VEHICLE 1 Driver  VEHICLE 1 Driver  VEHICLE 2 DRICYCLIST PEDESTRIAN OTHER PEDESTRIAN State of Lic. VEHICLE 2 - Driver  State of Lic.	
3	License ID Number    License ID Number   Driver Name - exactly   Driver Name - exactly	21
	as printed on license as printed on license as printed on license as printed on license Address (include Number & Street)  Apt. No. Address (include Number & Street)  Apt. No.	
	City or Town State Zip Code City or Town State Zip Code	22
3	Date of Birth Sex Unlicensed No. Public Date of Birth Sex Unlicensed Occupants Public Property Damaged Month Day Year Occupants Property Damaged Date of Birth Day Year	
	Name-exactly as printed on registration  Sex   Date of Birth   Name-exactly as printed on registration   Sex   Date of Birth   Month   Day   Year	
	Address (Include Number & Street)  Apt. No. Haz. Released Address (Include Number & Street)  Apt. No. Haz. Released Mat.	23
1	Code City or Town State Zip Code City or Town State Zip Code	ر
L	Plate Number   State of Reg.   Vehicle Year & Make   Vehicle Type   Ins. Code   Plate Number   State of Reg.   Vehicle Year & Make   Vehicle Type   Ins. Code	24
5,		7
١٩	Ticket/Anest Number(s)  Ticket/Anest Number(s)	
	Violation Section(s) Violation Section(s)	25
6	Check If Involved vehicle is:  Check If Involved vehicle is: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	3
1	V   more than 34 feet long; E   operated with an overdimension permit; H   operated with an overdimension permit. H   operated with an overdimension permit. H   operated with an overdimension permit.	
	1 VEHICLE 2 DAMAGE CODES Siderwise Left Turn Sideswine	26
7	C Box 1 - Point of Operate 1 2 C Box 1 - Point of Operate 1 2 (same direction) L Box 2 - Most Operage 2. 0. 6. 8. — E Enter up to prove 3 4 5 E Enter up to place 3 4 5 ACCIDENT DIAGRAM	1
<u> </u>	1 more Danlege Codes 2 more Danlege Codes	<b>1</b> 27
	Vehicle By Toward: To Vehicle By Toward:	
	VEHICLE DAMAGE CODING:	
	1-13. SEE DIAGRAM ON RIGHT.	
	14. UNDERCARRIAGE 17. DEMOLISHED 2 13. TRAILER 18. NO DAMAGE 9.	28 Y
	12 11 10 ' Unknown/Unable to Determine Yes No	8
	Reference Marker   Coordinates (if available)   Place Where Accident Occurred:   BRONX   KINGS   NEW YORK   QUEENS   RICHMOND   Road on which accident occurred   BBO	
	(Route Number or Street Name) at 1) intersecting street  Res V or She	29
	Longitude/Easting: (Route Number or Street Name)	
	Feet Miles (Milegos) Negrest Intersecting Route Number or Street Name)	
	Complaint of pain to wrist + knees. No fow regulated	30
		IRE
		P
_	8 910 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Or	•
<u> </u>	P 131 F 8 12 6 4791 7260 KIVERS AND -	_
I B	P 1 31 F 8 12 6 4791 7260 Rivera Ang -	$\dashv$
ŏ º		
E F		$\dashv$
· ·	cer's Rank Tax ID No. NCIC No. Precinct Post/Sector Reviewing Date/Time Reviewed	
	and on the particle of the par	
	THE NAME OU DICUSOR	
	V ———	

PERSONS KILLED (	OR INJURED IN	ACCIDENT (Lette	r ination o	of persons kil	led or injur	ed must o	prespond w	ith letter	designatio	
A Last Name	F	First	M.I.	D Last!	•		Fir	Sl		M.D.
Address		<u> </u>		Address					<u> </u>	_
Date of Birth		ohone (Area Code)		Date of Birth			Telephi	one (Area	Code)	_
Month Day	Yoar (	)		Month	Day	Ye	(	)		
B Last Name	7	m A	M.I.	E Last Name			Fire	st .		M.I.
Adc	bridge kma		10468	Address		-				
Date of Birth	Teler	hone (Area Code)	10700	Date of Birth			Telepho	one (Area	Code)	
Month 9 Day		hone (Area Code) 7,217-63		Month	Day	Yo.		<u>`</u>	•	
C Last Name	F	irst	M.I.	Highway Dist	at Scene?	☐ Yes	□ No			
Address		<u> </u>		Name:						
Date of Birth  Month Day	Year (	phone (Area Code)							Shleid No.	
ENTER INSURANCE	POLICY NUMBE	R FROM INSURA	NCE IDENTI	FICATION C	ARD, EX	PIRATION	DATE (IN	ALL CA	ASES), AN	ID VIN.
Vehicle No. 1				Vehicle No	.2					
Expiration Date	· <del>_</del>									<del></del> -
		<u> </u>								
VIN			<del></del>	VIN					<del></del> -	
WITNESS (Attach se	parate sheet, if n	ecessary)	Addres	is			_		Phone	
	<del></del>	<del></del>								
										_
									•	
					<del></del>		<del></del>	1	· · · · · · · · · · · · · · · · · · ·	
DUPLICATE COPY R	EQUIRED FOR:								-	
☐ Dept. of Motor Ve		☐ Motor Transpo	ort Division	□ N1	'C Taxi &	Limousine	Comm, [	Othe	r City Age	ncv
(if anyone is killed		(P.D. vehicle in		(if	a License	d taxi or li		(Spe		-,
D Office of Compte		D =			olved)	.,				
Office of Comptro		Personnel Sa (if a P.D. vehic		□ Hi	gnway Un	it	<del></del>	•——		
NOTIFICATIONS: (E		<del>_</del>		o political If s		n is veides	tified list Mis	nine Bos	con Cound	
	enter name, address, use, give date and tim		mena or relativ	е поинеа. и а	noeo perso	n is uniden	unea, ust wis	ising Per	son Squau	member who
										_
				•						
PROPERTY DAMAG	ED (other than vel	hicles)	<del>- •</del>	OWNER O	F PROPE	RTY (incl	ude city ago	ency, wh	nere applic	able)
	<u> </u>		_				-			
<u> </u>		<u> </u>	·	<u> </u>					_	
IF NYPD VEHICLE IS		<u> </u>			<del></del> _		<del></del>		γ	
Police Vehicle-Operator's I	First Name Las	t Name		Rank	Shie	eld No.	Tax ID. No.		Command	
of Vehicle	Year	Type of Vehicle	Plate No.	_ <del>_</del> - <del></del>		ept. Vehicle	No.	Assigne	d To What Co	mmand
Equipment in Use At Time	Iof Accident	1	<u> </u>		L_			J		
☐ Siren	_	Turret Light 4	-Way Flasher	☐ High-Lov	el Warning L	ights C	Traffic Cone:		Headlights	
ACTIONS OF POLIC		<del></del>	_							-
Responding to 0					Com	ntvina with '	Station Hous	a Mirectio	/A	
☐ Pursulng Violate		<del></del>				ne Patrol	Canon Hous	U10011	.5	
Other (Describe										
MV-104AN (7/11)	,		_							
ma-10-cus (C(1)										