

## POLICE ACCIDENT REPORT (NYC)

-104AN (7/11)

Precinct	50
Accident No.	346

Complaint  
Number☒ AMENDED REPORT

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"/>
Month 2 Day 23 Year 15	Mon	1655	1	1	0	Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 1 ☐ VEHICLE 2 ☐ BICYCLIST ☒ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number	592 757 123	State of Lic.	NY	VEHICLE 2 - Driver License ID Number		State of Lic.	
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Driver Name - exactly as printed on license	Cortez Reynaldo JR	Driver Name - exactly as printed on license	Rivera ANA
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Address (Include Number & Street)	117 W 197th St	Apt. No.	652	Address (Include Number & Street)	3013 Kingsbridge terrace	Apt. No.	#2
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City or Town	Bronx	State	NY	City or Town	Bronx	State	NY
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Date of Birth	Month 1 Day 8 Year 89	Sex	M	Unlicensed	<input type="checkbox"/>	No. of Occupants	7	Public Property Damaged	<input type="checkbox"/>
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Name - exactly as printed on registration	Narvaez SARA	Sex		Date of Birth	Month Day Year	Name - exactly as printed on registration		Sex		Date of Birth	Month Day Year
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Address (Include Number & Street)	23 Randtop ROAD	Apt. No.		Haz. Mat. Code		Released	<input type="checkbox"/>	Address (Include Number & Street)		Apt. No.		Haz. Mat. Code		Released	<input type="checkbox"/>
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City or Town	Yonkers	State	NY	Zip Code	10710	City or Town		State		Zip Code	
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Plate Number	583281	State of Reg.	NY	Vehicle Year & Make	2006 Honda	Vehicle Type	148	Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Ins. Code	
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Ticket/Arrest Number(s)		Ticket/Arrest Number(s)	
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Violation Section(s)		Violation Section(s)	
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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.
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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.
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Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	
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VEHICLE 1 DAMAGE CODES	Box 1 - Point of Impact	1	2	Box 1 - Point of Impact	1	2
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VEHICLE 2 DAMAGE CODES	Box 1 - Point of Impact	1	2	Box 1 - Point of Impact	1	2
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Enter up to three more Damage Codes	3	4	5	Enter up to three more Damage Codes	3	4	5
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Vehicle Towed:	By N/A	Vehicle Towed:	By
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VEHICLE DAMAGE CODING:	1-13. SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE	17. DEMOLISHED
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15. TRAILER	18. NO DAMAGE	16. OVERTURNED	19. OTHER
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Reference Marker	Coordinates (if available)	Latitude/Longitude:	
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Reference Marker	Coordinates (if available)	Latitude/Longitude:	
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PERSONS KILLED OR INJURED			ACCIDENT (Letter			nation of persons killed or injured must correspond with letter			nation on front).														
A Last Name			First			M.I.			D Last Name			First			M.I.								
Address									Address														
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month			Day			Year			( )			Month			Day			Year			( )		
B Last Name			First			M.I.			E Last Name			First			M.I.								
Address									Address														
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month			Day			Year			( )			Month			Day			Year			( )		
C Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Address									Name:														
Date of Birth			Telephone (Area Code)			Shield No.																	
Month			Day			Year			( )														

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1	<u>4260-13-08-38</u>	Vehicle No.2	<u>PED</u>
Expiration Date	<u>2-28-15</u>	Expiration Date	<u>PED</u>
VIN	<u>2HKYF18626H518137</u>	VIN	<u></u>

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Dept. of Motor Vehicles<br>(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division<br>(P.D. vehicle involved)   | <input type="checkbox"/> NYC Taxi & Limousine Comm.<br>(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency<br>(Specify) |
| <input type="checkbox"/> Office of Comptroller<br>(if a City vehicle involved)    | <input type="checkbox"/> Personnel Safety Unit<br>(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 notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

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)          |   |

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 50

Accident No. 346

Complaint  
Number☐ AMENDED REPORT

Accident Date: Month 2, Day 23, Year 75  
 Day of Week: Mon  
 Military Time: 1655  
 No. of Vehicles: 1  
 No. Injured: 1  
 No. Killed: 0  
 Not Investigated at Scene ☐  
 Reconstructed ☐  
 Left Scene ☐  
 Police Photos ☐ Yes ☐ No

VEHICLE 1 ☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number \_\_\_\_\_ State of Lic. \_\_\_\_\_  
 VEHICLE 2 - Driver License ID Number \_\_\_\_\_ State of Lic. \_\_\_\_\_

Driver Name - exactly as printed on license \_\_\_\_\_  
 Driver Name - exactly 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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Name - exactly as printed on registration \_\_\_\_\_ Sex \_\_\_\_\_  
 Name - exactly as printed on registration \_\_\_\_\_ Sex \_\_\_\_\_

Address (Include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 Address (Include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Plate Number \_\_\_\_\_ State of Reg. \_\_\_\_\_ Vehicle Year & Make \_\_\_\_\_ Vehicle Type \_\_\_\_\_ Ins. Code \_\_\_\_\_  
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Check If involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact \_\_\_\_\_  
 Box 2 - Most Damage \_\_\_\_\_

Enter up to three more Damage Codes \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

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Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Check If involved vehicle is:  
☐ more than 95 inches wide;  
☐ more than 34 feet long;  
☐ operated with an overweight permit;  
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact \_\_\_\_\_  
 Box 2 - Most Damage \_\_\_\_\_

Enter up to three more Damage Codes \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

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Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Vehicle Towed: \_\_\_\_\_

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End Left Turn Right Angle Right Turn Head On  
 1. 3. 5. 7.  
 Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite)  
 2. 4. 6. 8.

ACCIDENT DIAGRAM

Cost of repairs to any one vehicle will be more than \$1000.  
☐ Unknown/Unable to Determine ☐ Yes ☐ No

Reference Marker \_\_\_\_\_ Coordinates (if available) \_\_\_\_\_  
 Latitude/Northing: \_\_\_\_\_  
 Longitude/Easting: \_\_\_\_\_

Place Where Accident Occurred: ☒ BRONX ☐ KINGS ☐ NEW YORK ☐ QUEENS ☐ RICHMOND

Road on which accident occurred: Webb Ave  
 (Route Number or Street Name)

at 1) intersecting street: Reservoir Ave  
 (Route Number or Street Name)

or 2) \_\_\_\_\_ of \_\_\_\_\_  
 Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: pedestrian taken to allen pavillion hospital with  
complaint of pain to wrist + knees. no tow required.

ALL INVOLVED

ALL INVOLVED

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Officer's Rank  
and  
Signature

Print Name  
in Full

Tax ID No.

NCIC No.

Precinct

Post/Sector

Reviewing  
Officer

Date/Time Reviewed

P

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

A Last Name _____ First _____ M.I. _____				D 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) _____ ( _____ )	
B Last Name <u>Rivera</u> First <u>Ana</u> M.I. _____				E Last Name _____ First _____ M.I. _____			
Address <u>3013 Kingsbridge Terrace Bx NY 10468</u>				Address _____			
Date of Birth Month <u>1</u> Day <u>9</u> Year <u>85</u>		Telephone (Area Code) <u>(917) 217-6344</u>		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 _____	Vehicle No.2 _____
Expiration Date _____	Expiration Date _____
VIN _____	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 notified. In either case, give date and time of notification.)

\_\_\_\_\_

\_\_\_\_\_

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle-Operator's First Name _____ Last Name _____		Rank _____	Shield No. _____	Tax ID. No. _____	Command _____
of Vehicle _____	Year _____	Type of Vehicle _____	Plate No. _____	Dept. Vehicle No. _____	Assigned To What Command _____

Equipment in Use At Time of Accident

☐ Siren ☐ Horn ☐ Turret Light ☐ 4-Way Flasher ☐ High-Level Warning Lights ☐ Traffic Cones ☐ 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) _____	