

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 014
Accident No. [REDACTED]

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Month 9	Day 6	Year 2019	FRIDAY	13:42	2	0	0	Reconstructed <input type="checkbox"/>		

2 -	VEHICLE 1						VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
	VEHICLE 1 - Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]						VEHICLE 2 - Driver License ID Number [REDACTED] State of Lic. NY Driver Name - exactly as printed on license AN, XIAOWEN Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]					

3 2	Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration [REDACTED] Sex M Date of Birth [REDACTED] Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/>						Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration GRAYLINE NY TOURS INC. Sex [REDACTED] Date of Birth [REDACTED] Address (Include Number & Street) 1430 BROADWAY Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/>					
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4 1	City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make 2015 AUDI Vehicle Type SEDAN Ins. Code 201						City or Town NEW YORK State NY Zip Code 10018 Plate Number 20599BA State of Reg. NY Vehicle Year & Make 2001 ALEXA BUS Vehicle Type BUS Ins. Code 171					
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5 1	Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					
	Violation Section(s)						Violation Section(s)					

6 2	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.						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.						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					
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7 3	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact [REDACTED] 1 2 Box 2 - Most Damage [REDACTED] 4 4 Enter up to three more Damage Codes [REDACTED] 3 4 5 Vehicle By Towed: To [REDACTED]						VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact [REDACTED] 1 2 Box 2 - Most Damage [REDACTED] 18 18 Enter up to three more Damage Codes [REDACTED] 3 4 5 Vehicle By Towed: To [REDACTED]						ACCIDENT DIAGRAM 					
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8 1	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						DIAGRAM ATTACHED ON SUBSEQUENT PAGE 2 SIDE SWIPE (SAME DIR)					
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9 1	Reference Marker Coordinates (if available) Latitude/Northing: 40.756752 Longitude/Easting: -73.98863						Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred 263 WEST 42 STREET (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)					
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10 1	Accident Description/Officer's Notes AT TPO DRIVER OF VEHICLE 1 STATES THAT WHILE STATIONARY AT THE LIGHT VEHICLE 2 HIT HIS VEHICLE WHILE TRYING TO MERGE INTO THE FAR RIGHT LANE. DRIVER OF VEHICLE 2 WAS NOT CLEAR ABOUT HOW THE COLLISION OCCURRED. OFFICER DID NOT WITNESS COLLISION.						Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
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11 1	ALL INVOLVED A 1 1 X 1 M - - - - - B 2 1 X 1 M - - - - -						Names of all involved AN, XIAOWEN					
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12 1	Officer's Rank and Signature POM Print Name JAMES M LEBRON						Tax ID No. 952275 NCIC No. 03030 Precinct 161					
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13 1	Post/Sector SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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14 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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15 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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16 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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17 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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18 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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19 1	Reviewing Officer SGT RAMON CIRIACO						Date/Time Reviewed 09/08/2019 13:27					
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PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)						Date of Birth			Telephone (Area Code)					
Month	Day		Year		()		Month	Day		Year		()	
Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)						Date of Birth			Telephone (Area Code)					
Month	Day		Year		()		Month	Day		Year		()	
Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name:								
Address																	
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 XXXXXXXXXX Vehicle No. 2 **RAD943766004**
Expiration Date **03/31/2020** Expiration Date **03/01/2020**
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 was 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

☐ 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)	

Side Swipe (same dir) : [REDACTED]

Reporting Officer : POM JAMES M LEBRON

Reviewing Officer : SGT RAMON CIRIACO Reviewed Date : 09/08/2019 13:27

