

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct 076
Accident No. <div style="background-color: black; height: 1.2em; width: 100%;"></div>

Complaint Number	
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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	Police Photos	20 -
	Month 9	Day 1	Year 2019	SUNDAY	15:50	2	1	0	Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

		VEHICLE 1		<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		
2	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	 GONZALEZ , ALFONSO 	
-						21 4

Address (Include Number & Street)			Apt. No.	Address (Include Number & Street)			Apt. No.	
[REDACTED]				[REDACTED]			[REDACTED]	
City or Town	State	Zip Code		City or Town	State	Zip Code		22
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]		4

3 2	Date of Birth			Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth			Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 7	Public Property Damaged <input type="checkbox"/>					
	Month	Day	Year					Month	Day	Year									
Name—exactly as printed on registration						Sex U	Date of Birth			Name—exactly as printed on registration						Sex U	Date of Birth		
							Month	Day	Year	CITY LIGHTS LLC							Month	Day	Year

4 1	Address (Include Number & Street)			Apt. No.	Haz. Mat Code	Released <input type="checkbox"/>	Address (Include Number & Street)			Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	23 5
	[REDACTED]						33 2 AVENUE						
	City or Town			State	Zip Code		City or Town			State	Zip Code		

					BROOKLYN		NY		11215		24 3
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code		
		2019 NISSAN	SEDAN		47631BB	NY	2001 BLUEBIRD	TRACTOR TRUCK GASOL	171		

1	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	
	Violation Section(s)	Violation Section(s)	25

6 1	VEHICLE	Check if involved vehicle is:	VEHICLE	Check if involved vehicle is:	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				23 3
		<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		<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	<div> <div>Rear End</div> <div>← ←</div> </div> <div> <div>Left Turn</div> <div>↓</div> </div> <div> <div>Right Angle</div> <div>→ →</div> </div> <div> <div>Head On</div> <div>→ ←</div> </div>				

<div>7</div> <div>1</div>	<div> <input type="checkbox"/> operated with an overdimension permit. </div>				<div> <input type="checkbox"/> operated with an overdimension permit. </div>				<div> 1. </div>				<div> 3. </div>				<div> 5. </div>				<div> 7. </div>				<div>26</div>																											
	<div>VEHICLE 1 DAMAGE CODES</div>								<div>VEHICLE 2 DAMAGE CODES</div>								<div> Sideswipe (same direction) </div>								<div> Left Turn </div>								<div> Right Turn </div>								<div> Sideswipe (opposite) </div>								<div>1</div>			
	<div>Box 1 - Point of Impact</div>				<div>1</div>				<div>2</div>				<div>Box 1 - Point of Impact</div>				<div>1</div>				<div>2</div>				<div>2</div>				<div>2</div>																							
	<div>Box 2 - Most Damage</div>				<div>6</div>				<div>7</div>				<div>Box 2 - Most Damage</div>				<div>1</div>				<div>2</div>				<div>2</div>				<div>2</div>																							
	<div>Enter up to three more Damage Codes</div>				<div>3</div>				<div>4</div>				<div>5</div>				<div>3</div>				<div>4</div>				<div>5</div>				<div>5</div>																							
<div>Vehicle Towed: By To</div>																<div>Vehicle Towed: By To</div>																<div>ACCIDENT DIAGRAM</div>																<div>27</div>				
<div>1</div>																<div>2</div>																<div> </div>																<div>1</div>				
<div> RELEASER LEFT ENTER ON SUBSEQUENT PAGE </div>																<div> RELEASER LEFT ENTER ON SUBSEQUENT PAGE </div>																<div> RELEASER LEFT ENTER ON SUBSEQUENT PAGE </div>																<div> RELEASER LEFT ENTER ON SUBSEQUENT PAGE </div>				

<p>VEHICLE DAMAGE CODING:</p> <p>1-13. SEE DIAGRAM ON RIGHT.</p> <table border="0"> <tr> <td>14. UNDERCARRIAGE</td> <td>17. DEMOLISHED</td> </tr> <tr> <td>15. TRAILER</td> <td>18. NO DAMAGE</td> </tr> <tr> <td>16. OVERTURNED</td> <td>19. OTHER</td> </tr> </table>	14. UNDERCARRIAGE	17. DEMOLISHED	15. TRAILER	18. NO DAMAGE	16. OVERTURNED	19. OTHER		<p>DIAGRAM ATTACHED ON SUBSEQUENT PAGE</p> <p>3 LEFT TURN (OPP DIR)</p> <p>9. Cost of repairs to any one vehicle will be more than \$1000.</p> <table border="0"> <tr> <td><input type="checkbox"/> Unknown/Unable to Determine</td> <td><input checked="" type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Unknown/Unable to Determine	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14. UNDERCARRIAGE	17. DEMOLISHED										
15. TRAILER	18. NO DAMAGE										
16. OVERTURNED	19. OTHER										
<input type="checkbox"/> Unknown/Unable to Determine	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No									

Reference Marker	Coordinates (if available)	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
	Latitude/Northing: 40.69168	Road on which accident occurred COLUMBIA STREET (Route Number or Street Name)
	Longitude/Easting: -73.99965	at 1) intersecting street ATLANTIC AVENUE (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)

Accident Description/Officer's Notes	AT T/P/O DRIVER OF VEH #1 STATES SHE WAS MAKING A LEFT TURN CONTROLLED	30
	BY TRAFFIC LIGHT INTO COLUMBIA STREET AND YIELDED TO PEDESTRIAN CROSSING THE STREET,	-
	UTILIZING CROSSWALK, WHEN VEH #2 STRUCK VEH #1. VEH #2 STATES HE WAS TRAVELING E/B ON	USE COVER SHEET
	ATLANTIC AVENUE WHEN HE SAW VEH #1 IN INTERSECTION WHILE THE LIGHT WAS GREEN WHEN	P
	COLLISION OCCURED. PO DID NOT OBSERVE OR WITNESS.	

ALL INVOLVED	8 9 10 11 12 13 14 15 16 17 BY TO 18											Names of all involved	Date of Death Only	
	A	1	1	4	1		M	-	-	-	-	-		
	B	1	3	4	1		M	-	-	-	-			
	C	2	1	4	1		M	-	-	-	-	GONZALEZ, ALFONSO		
	D	2	8	1	1		M	-	-	-	-			
	E	2	8	0	1		M	4	14	6	-	7128		
	F	2	8	1	1		F	-	-	-	-			

Officer's Rank and Signature POM	Tax ID No. 965396	NCIC No. 03030	Precinct 076	Post/Sector	Reviewing Officer SGT ELIO G PONZO	Date/Time Reviewed 09/02/2019 04:49
Print Name in Full DORIAN J PAREDES						

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

E Last Name First M.I.			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) ()
Last Name First M.I.			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) ()
Last Name First M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name:		
Address			Shield No.		
Date of Birth Month Day Year		Telephone (Area Code) ()			

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 15GGD271411071447

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						
<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 076
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	Police Photos	20 -	
	Month 9	Day 1	Year 2019	SUNDAY	15:50	2	1	0	Reconstructed <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2 -	VEHICLE					<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21 -
	VEHICLE - 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.						
3 2	City or Town					State Zip Code						22 -
	Date of Birth					Sex Unlicensed No. of Occupants Public Property Damaged						
	Month Day Year					Month Day Year						
	Name - exactly as printed on registration					Name - exactly as printed on registration						
4 1	Address (Include Number & Street)					Apt. No.						23 -
	City or Town					State Zip Code						
	Plate Number					State of Reg. Vehicle Year & Make Vehicle Type Ins. Code						
	Ticket/Arrest Number(s)					Violation Section(s)						
5 1	Check if involved vehicle is:					Check if involved vehicle is:						24 -
	<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.					<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.						
	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES						
	Box 1 - Point of Impact					Box 1 - Point of Impact						
6 1	Box 2 - Most Damage					Box 2 - Most Damage						25 -
	Enter up to three more Damage Codes					Enter up to three more Damage Codes						
	Vehicle By Towed: To					Vehicle By Towed: To						
	VEHICLE DAMAGE CODING:					VEHICLE DAMAGE CODING:						
7 1	1-13. SEE DIAGRAM ON RIGHT.					1-13. SEE DIAGRAM ON RIGHT.						26 -
	14. UNDERCARRIAGE 17. DEMOLISHED					14. UNDERCARRIAGE 17. DEMOLISHED						
	15. TRAILER 18. NO DAMAGE					15. TRAILER 18. NO DAMAGE						
	16. OVERTURNED 19. OTHER					16. OVERTURNED 19. OTHER						
8	Reference Marker					Coordinates (if available)						27 1
	Latitude/Northing:					Longitude/Easting:						
	40.69168					-73.99965						
	Place Where Accident Occurred:					Place Where Accident Occurred:						
9	Road on which accident occurred					Road on which accident occurred						28 1
	COLUMBIA STREET					COLUMBIA STREET						
	(Route Number or Street Name)					(Route Number or Street Name)						
	at 1) intersecting street					at 1) intersecting street						
10	or 2)					or 2)						29 -
	N S E W					N S E W						
	Feet Miles					Feet Miles						
	(Milepost, Nearest Intersecting Route Number or Street Name)					(Milepost, Nearest Intersecting Route Number or Street Name)						
11	Accident Description/Officer's Notes										30 -	
	Accident Description/Officer's Notes											
	Accident Description/Officer's Notes											
	Accident Description/Officer's Notes											

ALL INVOLVED

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
G	2	8	1	1	M	-	-	-	-	-	-	-	[REDACTED]	
H	2	8	1	1	F	-	-	-	-	-	-	-	[REDACTED]	
I	2	8	1	1	M	-	-	-	-	-	-	-	[REDACTED]	
J	2	8	1	1	F	-	-	-	-	-	-	-	[REDACTED]	

Officer's Rank and Signature	Tax ID No.	NCIC No.	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
POM	965396	03030	076		SGT ELIO G PONZO	09/02/2019 04:49
Print Name in Full	DORIAN J PAREDES					

USE COVER SHEET

P

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 type="checkbox"/> No Name:									Shield No.					
Address																							
Date of Birth			Telephone (Area Code)																				
Month			Day			Year			()														

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

Vehicle No. _____	Vehicle No. _____
Expiration Date _____	Expiration Date _____
VIN _____	VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

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<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:

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Make of Vehicle		Year		Type of Vehicle		Plate No.				Dept. Vehicle No.		Assigned To What Command			
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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)	

Left Turn (opp dir) : [REDACTED]

Reporting Officer : POM DORIAN J PAREDES

Reviewing Officer : SGT ELIO G PONZO Reviewed Date : 09/02/2019 04:49

