

## POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

Precinct <b>014</b>
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 type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Month <b>8</b>	Day <b>22</b>	Year <b>2019</b>	<b>THURSDAY</b>	<b>15:30</b>	<b>2</b>	<b>0</b>	<b>0</b>	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]						VEHICLE 2 - Driver License ID Number [REDACTED] State of Lic. <b>NY</b>					
	Driver Name - exactly as printed on license [REDACTED]						Driver Name - exactly as printed on license <b>FLORES, ELBIN</b>					
	Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED]						Address (Include Number & Street) [REDACTED] Apt. No. [REDACTED]					

3 1	City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]						City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]					
	Date of Birth [REDACTED] Sex [REDACTED] Unlicensed <input type="checkbox"/> No. of Occupants <b>1</b> Public Property Damaged <input type="checkbox"/>						Date of Birth [REDACTED] Sex [REDACTED] Unlicensed <input type="checkbox"/> No. of Occupants <b>1</b> Public Property Damaged <input type="checkbox"/>					
	Name - exactly as printed on registration [REDACTED] Sex [REDACTED] Date of Birth [REDACTED]						Name - exactly as printed on registration [REDACTED] Sex [REDACTED] Date of Birth [REDACTED]					
	Month Day Year [REDACTED] M [REDACTED]						Month Day Year [REDACTED] M [REDACTED]					

4 1	Name - exactly as printed on registration <b>ROLO CAB CORP</b> Sex [REDACTED] Date of Birth [REDACTED]						Name - exactly as printed on registration <b>GRAY LINE NEW YORK TOURS INC</b> Sex [REDACTED] Date of Birth [REDACTED]					
	Address (Include Number & Street) <b>54-11 QUEENS BOULEVARD</b> Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/>						Address (Include Number & Street) <b>1430 BROADWAY</b> Apt. No. <b>5L</b> Haz. Mat. Code [REDACTED] Released <input type="checkbox"/>					
	City or Town <b>QUEENS</b> State <b>NY</b> Zip Code <b>11377</b>						City or Town <b>NEW YORK</b> State <b>NY</b> Zip Code [REDACTED]					
	Plate Number [REDACTED] State of Reg. <b>NY</b> Vehicle Year & Make <b>2012 TOYOTA</b> Vehicle Type <b>TAXI</b> Ins. Code <b>36</b>						Plate Number <b>44280BA</b> State of Reg. <b>NY</b> Vehicle Year & Make <b>2004 ALEXA</b> Vehicle Type <b>BUS</b> Ins. Code <b>171</b>					

5 1	Ticket/Arrest Number(s) [REDACTED]						Ticket/Arrest Number(s) [REDACTED]					
	Violation Section(s) [REDACTED]						Violation Section(s) [REDACTED]					

6 1	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.					
	VEHICLE 1 DAMAGE CODES						VEHICLE 2 DAMAGE CODES						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Rear End</div> <div style="width: 50%;">Left, Turn</div> <div style="width: 50%;">Right Angle</div> <div style="width: 50%;">Right Turn</div> <div style="width: 50%;">Head On</div> </div>					
	Box 1 - Point of Impact [REDACTED] 1 [REDACTED] 2 [REDACTED]						Box 1 - Point of Impact [REDACTED] 1 [REDACTED] 2 [REDACTED]						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Sideswipe (same direction)</div> <div style="width: 50%;">Left Turn</div> <div style="width: 50%;">Right Turn</div> <div style="width: 50%;">Sideswipe (opposite)</div> </div>					
	Enter up to three more Damage Codes [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED]						Enter up to three more Damage Codes [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED]						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. [REDACTED]</div> <div style="width: 50%;">3. [REDACTED]</div> <div style="width: 50%;">5. [REDACTED]</div> <div style="width: 50%;">7. [REDACTED]</div> <div style="width: 50%;">2. [REDACTED]</div> <div style="width: 50%;">0. [REDACTED]</div> <div style="width: 50%;">4. [REDACTED]</div> <div style="width: 50%;">6. [REDACTED]</div> <div style="width: 50%;">8. [REDACTED]</div> </div>					

7 1	VEHICLE 1 DAMAGE CODING:						VEHICLE 2 DAMAGE CODING:						ACCIDENT DIAGRAM					
	Box 1 - Point of Impact [REDACTED] 1 [REDACTED] 2 [REDACTED]						Box 1 - Point of Impact [REDACTED] 1 [REDACTED] 2 [REDACTED]						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">Sideswipe (same direction)</div> <div style="width: 50%;">Left Turn</div> <div style="width: 50%;">Right Turn</div> <div style="width: 50%;">Sideswipe (opposite)</div> </div>					
	Enter up to three more Damage Codes [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED]						Enter up to three more Damage Codes [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED]						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. [REDACTED]</div> <div style="width: 50%;">3. [REDACTED]</div> <div style="width: 50%;">5. [REDACTED]</div> <div style="width: 50%;">7. [REDACTED]</div> <div style="width: 50%;">2. [REDACTED]</div> <div style="width: 50%;">0. [REDACTED]</div> <div style="width: 50%;">4. [REDACTED]</div> <div style="width: 50%;">6. [REDACTED]</div> <div style="width: 50%;">8. [REDACTED]</div> </div>					
	Vehicle By Towed: [REDACTED] To [REDACTED]						Vehicle By Towed: [REDACTED] To [REDACTED]						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. [REDACTED]</div> <div style="width: 50%;">3. [REDACTED]</div> <div style="width: 50%;">5. [REDACTED]</div> <div style="width: 50%;">7. [REDACTED]</div> <div style="width: 50%;">2. [REDACTED]</div> <div style="width: 50%;">0. [REDACTED]</div> <div style="width: 50%;">4. [REDACTED]</div> <div style="width: 50%;">6. [REDACTED]</div> <div style="width: 50%;">8. [REDACTED]</div> </div>					

8 1	VEHICLE DAMAGE CODING:						VEHICLE DAMAGE CODING:						DIAGRAM ATTACHED ON SUBSEQUENT PAGE					
	1-13. SEE DIAGRAM ON RIGHT.						1-13. SEE DIAGRAM ON RIGHT.						2 SIDE SWIPE (SAME DIR)					
	14. UNDERCARRIAGE 17. DEMOLISHED						14. UNDERCARRIAGE 17. DEMOLISHED						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">9. [REDACTED]</div> <div style="width: 50%;">10. [REDACTED]</div> <div style="width: 50%;">11. [REDACTED]</div> <div style="width: 50%;">12. [REDACTED]</div> <div style="width: 50%;">13. [REDACTED]</div> </div>					
	15. TRAILER 18. NO DAMAGE						15. TRAILER 18. NO DAMAGE						<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">9. [REDACTED]</div> <div style="width: 50%;">10. [REDACTED]</div> <div style="width: 50%;">11. [REDACTED]</div> <div style="width: 50%;">12. [REDACTED]</div> <div style="width: 50%;">13. [REDACTED]</div> </div>					

9 1	Reference Marker						Coordinates (if available)						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					
	Latitude/Northing: <b>40.750755</b>						Road on which accident occurred <b>433 7 AVENUE</b>						(Route Number or Street Name)					
	Longitude/Easting: <b>-73.99078</b>						at 1) intersecting street [REDACTED]						(Route Number or Street Name)					
	or 2) [REDACTED] N S E W of [REDACTED]						Feet Miles [REDACTED]						(Milepost, Nearest Intersecting Route Number or Street Name)					

10 1	Accident Description/Officer's Notes <b>AT T/P/O MOTORIST OF VEHICLE ONE STATES THAT WHILE HE WAS TRAVELING SOUTHBOUND TOWARDS WEST 33 STREET HIS VEHICLE WAS SIDESWIPE BY VEHICLE TWO AS VEHICLE TWO WAS ATTEMPTING TO CHANGE LANES CAUSING DAMAGE TO THE PASSENGER SIDE CORNER AND DOORS OF VEHICLE ONE. MOTORIST OF VEHICLE TWO STATES THAT WHILE HE WAS ATTEMPTING TO CHANGE LANES HIS VEHICLE WAS SIDESWIPE BY VEHICLE ONE CAUSING DAMAGE TO THE FRONT DRIVER SIDE</b>																	
	[REDACTED]																	
	[REDACTED]																	
	[REDACTED]																	

11 1	8	9	10	11	12	13	14	15	16	17	18	Names of all involved						Date of Death Only	
	A	1	1	4	1	[REDACTED]	M	-	-	-	-	[REDACTED]							
	B	2	1	4	1	[REDACTED]	M	-	-	-	-	FLORES, ELBIN							
	[REDACTED]																		

12 1	Officer's Rank and Signature <b>POM</b>						Tax ID No. <b>950639</b>		NCIC No. <b>03030</b>		Precinct <b>014</b>		Post/Sector		Reviewing Officer <b>SGT RAMON CIRIACO</b>		Date/Time Reviewed <b>08/23/2019 08:39</b>	
	Print Name in Full <b>ROBERT M JOHN</b>																	
	[REDACTED]																	
	[REDACTED]																	

19  
-20  
-21  
2022  
-23  
524  
425  
126  
1227  
128  
129  
130  
1

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 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	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	Vehicle No. 2	<b>RAD943766006</b>
Expiration Date	<b>03/01/2020</b>	Expiration Date	<b>03/01/2020</b>
VIN	<div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div>	VIN	<b>SFET112194GN11742</b>

**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)

Precinct <b>014</b>
Accident No. [REDACTED]

Complaint Number
---------------------

☐ **AMENDED REPORT**

19

1 -	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene	Police Photos	20 -
	Month	Day	Year						Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	8	22	2019	THURSDAY	15:30	2	0	0				

	VEHICLE			<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	
2 -	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21 -
	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
					22 -


3 1	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth			Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>					
	Month	Day	Year					Month	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								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"/>			
	City or Town								State		Zip Code		City or Town					State	

[illegible]

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

6 1	VEH	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.	VEH	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.					25 -
		Rear End 1.		Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.			

7 1	I C L E 1	VEHICLE 1 DAMAGE CODES				I C L E 2	VEHICLE 2 DAMAGE CODES				<div> <div>Sideswipe (same direction)</div> <div>Left Turn</div> <div>Right Turn</div> <div>Sideswipe (opposite)</div> </div>				26
		Box 1 - Point of Impact		1	2		Box 1 - Point of Impact		1	2					-
		Box 2 - Most Damage					Box 2 - Most Damage								
		Enter up to three more Damage Codes		3	4		5	Enter up to three more Damage Codes		3	4	5	<div> <div>2.</div> <div>0.</div> <div>4.</div> <div>6.</div> <div>8.</div> </div>		
Vehicle Towed: By To					Vehicle Towed: By To					<div> <div>ACCIDENT DIAGRAM</div> <div>DIAGRAM ATTACHED ON SUBSEQUENT PAGE</div> </div>				27 1	

<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><b>2 SIDE SWIPE (SAME DIR)</b></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 type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Unknown/Unable to Determine	<input 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 type="checkbox"/> Yes	<input type="checkbox"/> No									

Reference Marker	Coordinates (if available)	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
	Latitude/Northing: <b>40.750755</b>	Road on which accident occurred <b>433 7 AVENUE</b> (Route Number or Street Name)
	Longitude/Easting: <b>-73.99078</b>	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 _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes	CORNER OF VEHICLE TWO. OFFICERS DID NOT OBSERVE AND NO INJURIES	30
	REPORTED ON SCENE.	-
		USE COVER SHEET
		P

[illegible]

Officer's Rank and Signature <b>POM</b>	Tax ID No. <b>950639</b>	NCIC No. <b>03030</b>	Precinct <b>014</b>	Post/Sector	Reviewing Officer <b>SGT RAMON CIRIACO</b>	Date/Time Reviewed <b>08/23/2019 08:39</b>
Print Name in Full <b>ROBERT M JOHN</b>						

USE  
OVER  
HEAT

**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			( )														
Last Name			First			M.I.																	

**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

**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.)

\_\_\_\_\_

\_\_\_\_\_

<b>PROPERTY DAMAGED</b> (other than vehicles)	<b>OWNER OF PROPERTY</b> (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)	

Side Swipe (same dir) : [REDACTED]

Reporting Officer : POM ROBERT M JOHN

Reviewing Officer : SGT RAMON CIRIACO Reviewed Date : 08/23/2019 08:39

