

Local Codes
10-42636

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT DMV COPY

19
20

1 Accident Date: 12/24/2010, Day of Week: Fr, Military Time: 2212, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: []

2 VEHICLE 1: Driver License ID Number 585 308 391, Driver Name: Mcbowan, Sheena V., Address: 185 Curtis St, Rochester NY 14606. VEHICLE 2: Driver License ID Number 857 176 599, Driver Name: Li, Zhou - Jia, Address: 420 Lyell Ave, Rochester NY 14606.

3 Date of Birth: Bowman, Travis J. (10/16/93), Li, Zhou - Jia (11/05/70). Sex: F, M. Unlicensed: [], No. of Occupants: 1, 1. Public Property Damaged: [], [].

4 Address: Bowman, Travis J. (911 Genesee Ave), Li, Zhou - Jia (420 Lyell Ave). City/Town: Rochester NY. State: NY. Zip Code: 14606.

5 Plate Number: ESN6523, DDA1776. State of Reg: NY. Vehicle Year & Make: 2000 Ford SUB, 2007 Chevy SUB. Vehicle Type: SUB, SUB. Ins. Code: 689, 639.

6 VEHICLE DAMAGE CODING: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 1: 3, 3. VEHICLE 2: 1, 12. Vehicle Towed: CFBD.

7 ACCIDENT DIAGRAM: Shows vehicle positions and directions. Includes a diagram of a vehicle with damage codes 1-13.

8 Place Where Accident Occurred: County Monroe, City of Rochester, Road on which accident occurred Thurston. Reference Marker: [], Coordinates: [].

9 Accident Description/Officer's Notes: Veh 2 was stopped facing south on Thurston Rd waiting for traffic to clear to make a left turn into a driveway. Op 2 says he was using his turn signal. Veh 1 was traveling southbound on Thurston. Op 1 says that Veh 2 was stopped in the street with no signal. Op 1 thought that Veh 2 was double parked attempted go around Veh 2 on the left when Veh 2 began his left turn. Veh 1 struck causing damage.

10 ALL INVOLVED: Table with columns for names of all involved (Op 1, Op 2) and Date of Death Only.

11 Officer's Rank and Signature: P.O. E. Frantangelo. Badge/ID No. 1745, NCIC No. 0279, Precinct/Post Troop/Zone WEST 52, Station/Beat/Sector, Reviewing Officer, Date/Time Reviewed 12/28/10.

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)

Local Codes
10-425831

AMENDED REPORT DMV COPY

19
13

1 Accident Date: Month 12, Day 24, Year 2010. Day of Week: FRI. Military Time: 1100. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [] - Accident Reconstructed: [] - Lost Scene: [x] - Police Photos: [] Yes [x] No

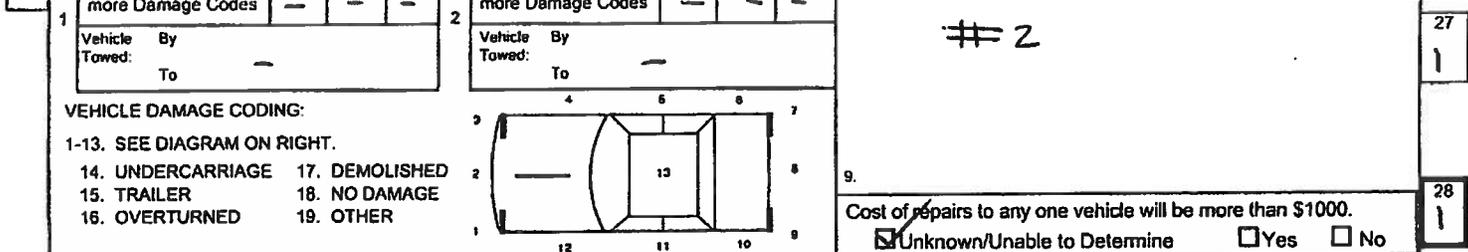
2 VEHICLE 1: Driver License ID Number H+R, State of Lic. [blank]. VEHICLE 2: Driver License ID Number PARKED, State of Lic. [blank]. Driver Name: [blank]. Address: [blank]. City or Town: [blank]. State: [blank]. Zip Code: [blank].

3 Date of Birth: [blank]. Sex: [blank]. Unlicensed: [] No. of Occupants: [blank]. Public Property Damaged: [] Date of Birth: [blank]. Sex: [blank]. Unlicensed: [] No. of Occupants: [blank]. Public Property Damaged: [] Name: HOUSER, KAMILAH. Date of Birth: 3/29/74. Address: PO BOX 19707. City or Town: ROCHESTER NY. State: NY. Zip Code: 14619.

4 Plate Number: DNS4331 NY. State of Reg: NY. Vehicle Year & Make: 2002 CHRY. Vehicle Type: SUBR. Ins. Code: 639. Ticket/Arrest Number(s): [blank]. Violation Section(s): [blank].

6 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: 3, 3. Box 2 - Most Damage: 3, 3. Enter up to three more Damage Codes: 3, 4, 5. Vehicle Towed: [blank].

7 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: 9, 9. Box 2 - Most Damage: 9, 9. Enter up to three more Damage Codes: 3, 4, 5. Vehicle Towed: [blank].



Reference Marker: [blank]. Coordinates (if available): [blank]. Place Where Accident Occurred: County MONROE, City ROCHESTER. Road on which accident occurred: 525 THURSTON RD. at 1) intersecting street: ENTERPRISE ST.

Accident Description/Officer's Notes: VEH. 2 WAS PARKED ALONG CURB FACING S/B ON THURSTON RD. VEH. 1 WAS TRAVELING S/B ON THURSTON RD AND STRUCK VEH. 2'S LEFT REAR AS IT PASSED BY.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: P.O. A. LIBERATORE. Badge/ID No.: 1747. NCIC No.: 02701. Precinct/Post Troop/Zone: W. Station/Beat Sector: 49. Reviewing Officer: [Signature]. Date/Time Reviewed: 12/24/10 1111.

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
20

Local Codes
10418594
FQ7231000008

AMENDED REPORT

1	Accident Date Month 12 Day 17 Year 2010	Day of Week Friday	Military Time 07:49	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 13
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 912651345	State of Lic. NY	VEHICLE 2 - Driver License ID Number 748192419	State of Lic. NY	21
	Driver Name - exactly as printed on license DAVIS, MELINDA K		Driver Name - exactly as printed on license DERRICO, FRANK		

	Address (Include Number and Street) 624 SAWYER ST A-2	Apt. No.	Address (Include Number and Street) PO BOX 90731	Apt. No.	
	City or Town ROCHESTER	State NY	Zip Code 14619	City or Town ROCHESTER	State NY
			Zip Code 14609		

3	Date of Birth Month 10 Day 22 Year 1971	Sex F	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 4 Day 6 Year 1960	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	22
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	Name - exactly as printed on registration DAVIS, MELINDA K	Sex F	Date of Birth Month 10 Day 22 Year 1971	Name - exactly as printed on registration CITY OF ROCHESTER,	Sex	Date of Birth Month Day Year	23
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4	Address (Include Number and Street) 624 SAWYER ST	Apt. No.	Address (Include Number and Street) 945 MT READ BLVD	Apt. No.	24
	City or Town ROCHESTER	State NY	Zip Code 14619	City or Town ROCHESTER	State NY
			Zip Code 14606		

3	Plate Number ELS6857	State of Reg. NY	Vehicle Year & Make 2003 GMC	Vehicle Type SUBN	Ins. Code 626	Plate Number M67058	State of Reg. NY	Vehicle Year & Make 2009 CRAN	Vehicle Type DUMP	Ins. Code 994	25
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1	Ticket/Arrest Number(s) 7231000KPK 7231000LFQ	Violation Section(s) 5091 1123	Ticket/Arrest Number(s)	Violation Section(s)	25 13
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6	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.	26
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4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage	ACCIDENT DIAGRAM	26 1
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7	Enter up to three more damage codes 7	Enter up to three more damage codes 77	ACCIDENT DIAGRAM	27
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1	Vehicle Bv. Towed: To:	Vehicle Bv. Towed: To:	See the last page of the MV-104A for the accident diagram.	27 1
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	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	9.	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	28 1
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	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>50</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S of <u>ERNESTINE STREET</u> feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)	29
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	Accident Description/Officer's notes V2 IS A CITY OF ROCHESTER REFUSE TRUCK. D2 SAID HE WAS SB ON THURSTON ROAD, AND THAT V1 WAS ALSO SB. V1 LEFT THE RIGHT MOST SB LANE AND ENTERED THE NB LANE TO PASS THE TRUCK AS IT WAS ALSO SB. AS V1 ENTERED BACK INTO THE SB LANE FROM THE NB LANE, V1 STRUCK THE DRIVER FRONT BUMPER AREA OF V2 WITH THE PASSENGER REAR BUMPER AND QUARTER PANEL OF V1. V1 SUSTAINED SIGNIFICANT DAMAGE, AND V2 HAD MINOR DAMAGE TO THE FRONT BUMPER. V1 WAS TICKETED FOR HAVING ONLY A LEARNERS PERMIT, AND UNSAFE PASSING. NO INJURIES.	30
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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	39	F	-	-	-			DAVIS, MELINDA K	
B	2	1	2	1	50	M	-	-	-			DERRICO, FRANK	
C													
D													
E													
F													

Officer's Rank and Signature Officer <i>Bryan J Munson</i>	Badge/ID No. 1399	NCIC No. 02701	Precinct/Post Troop/Zone ----	Station/Beat Sector --	Reviewing Officer DIPRIMO, FRANK	Date/Time Reviewed 12/21/2010 05:29
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USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

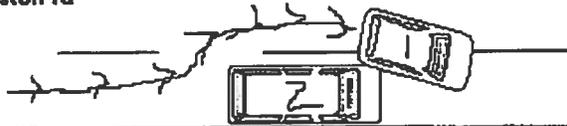
Local Codes
10418594
FQ7231000008

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Friday	07:49	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	
12	17	2010								



thurston rd



ernestine st

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-415834

AMENDED REPORT

19
7

1	Accident Date Month: 12 Day: 14 Year: 2010	Day of Week TUES	Military Time 1503	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	
								Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
	VEHICLE 1 - Driver License ID Number 356 813 793 State of Lic. NY				VEHICLE 2 - Driver License ID Number 189 993 198 State of Lic. NY					
	Driver Name - exactly as printed on license MILHOUSE, WILMA S				Driver Name - exactly as printed on license WASHINGTON, ROBERT, L					
	Address (Include Number & Street) 100 RAVENWOOD AV				Address (Include Number & Street) 267 RAVENWOOD AV					
	City or Town ROCHESTER		State NY		City or Town ROCHESTER		State NY		Zip Code 14619	

3	Date of Birth Month: 9 Day: 15 Year: 43	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 4 Day: 17 Year: 59	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
	Name - exactly as printed on registration DRIVER				Name - exactly as printed on registration DRIVER					
	Address (Include Number & Street)				Address (Include Number & Street)					
	City or Town		State		City or Town		State		Zip Code	

4	Plate Number DVT3992	State of Reg. NY	Vehicle Year & Make 2007 LEVU	Vehicle Type 4DSD	Ins. Code 32B	Plate Number ESN9566	State of Reg. NY	Vehicle Year & Make 1998 CADI	Vehicle Type 4DSD	Ins. Code 100
5	Ticket/Arrest Number(s) -					Ticket/Arrest Number(s) -				
	Violation Section(s) -					Violation Section(s) -				

6	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 DAMAGE CODES	VEHICLE DAMAGE CODES	ACCIDENT DIAGRAM	
Box 1 - Point of Impact 3 3	Box 1 - Point of Impact 11 11	Sideswipe (same direction) 2 0 4	
Box 2 - Most Damage 3 4 5	Box 2 - Most Damage 10 6 5	Left Turn 3 0	
Enter up to three more Damage Codes - - -	Enter up to three more Damage Codes - - -	Right Turn 5 6	
Vehicle By Towed: To C.F.B.O	Vehicle By Towed: To GARAGE	Head On 7	
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		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	

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONK City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON RD at 1) intersecting street RAVENWOOD AVE. or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes (V1) WAS TRAVELING W/B ON RAVENWOOD AV. (V1) CAME TO STOP SIGN @ THURSTON RD. DRIVER OF (V2) STATES SHE COULD HER WINDOW DOWN SO SHE COULD SEE ONCOMING TRAF. (V1) PROCEEDED THROUGH INTERSECTION & STRUCK (V2) WHICH WAS S/B ON THURSTON IN THE DRIVER SIDE DOOR. PUSHING (V2) INTO CURB ON WEST SIDE OF THURSTON CAUSING DRIVE/TIRE DMG TO PASSENGER SIDE OF (V2)

	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	67	F	-	-	-	-	-	WILMA MILHOUSE	-
B	1	1	4	1	51	M	-	-	-	-	-	ROBERT WASHINGTON	-
C													
D													
E													
F													

Officer's Rank and Signature Print Name in Full D J WATSON	Badge/ID No. 1980	NCIC No. 0270	Precinct/Post Troop/Zone WEST	Station/Beat Sector 52	Reviewing Officer SUE	Date/Time Reviewed 2/14/10 2239
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USE COVER SHEET

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
10-40792

AMENDED REPORT DMV COPY

19
4

1	Accident Date Month: 12, Day: 4, Year: 10	Day of Week SAT	Military Time 0230	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>
								Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2	VEHICLE 1 - Driver License ID Number: 225212970 Driver Name: Coleman, Sreetta, E Address: 63 Starfield Ter City: Rochester, NY 14619				VEHICLE 2 - Driver License ID Number: M92165907101912 Driver Name: Nicholas J. Mullarkey Address: 26 Ivory Cottage Lane City: Henrietta, NY 14623			
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3	Date of Birth: 2/9/81, Sex: F, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>				Date of Birth: 12/27/91, Sex: M, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>			
4	Name: Coleman, Sreetta, E, Sex: F, Date of Birth: 2/9/81, Address: 63 Starfield Ter, City: Rochester, NY 14619				Name: Joann Mullarkey, Sex: F, Date of Birth: 12/27/63, Address: 1200 Noreen Dr, City: Burlington, NY 13016			

5	Plate Number: FBR5410, State of Reg: NY, Vehicle Year & Make: 97 Ford, Vehicle Type: SUVN, Ins. Code: 327	Plate Number: N8 00 Chry, State of Reg: NY, Vehicle Year & Make: 00 Chry, Vehicle Type: 4D SD, Ins. Code: 148
	Ticket/Arrest Number(s): -	Ticket/Arrest Number(s): -
	Violation Section(s): -	Violation Section(s): -

6	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.
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 X, 2 X Box 2 - Most Damage: 3 X, 4 X, 5 X	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 7, 9, 5	ACCIDENT DIAGRAM 1. Rear End (circled), 2. Sideswipe (same direction), 3. Left Turn, 4. Right Angle, 5. Right Turn, 6. Left Turn, 7. Head On, 8. Right Turn, 9. Sideswipe (opposite direction)
	Vehicle Towed: CFBO	Vehicle Towed: CFBO	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: Monroe, City: Rochester Road on which accident occurred: Thurston Rd at 1) intersecting street: Brooks Ave or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: (V2)'s Driver; Mullarkey called for an MVA report on 12/6/10. R/O's responded and (V2) stated the MVA occurred on 12/4/10 at around 0230. (V2)'s driver exchanged information at scene - (V2)'s driver stated he was stopped at a light facing SB on Thurston waiting to turn left on Brooks. (V2)'s driver states (V1) rear ended him. (V2)'s driver spoke with his insurance company and now wants a report.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	X	1	29	F	X	X	6	-	-	-	-	Coleman, Sreetta	-
B	2	1	4	1	19	M	-	13	6	-	-	-	-	Mullarkey, Nicholas	-
C	2	1	4	1	19	M	-	13	6	-	-	-	-	Heilfer, Chad	-
D															
E															
F															

Officer's Rank and Signature: Ian Fry (PO)	Badge/ID No.: 2190	NCIC No.: 02701	Precinct/Post Troop/Zone: W53	Station/Beat Sector: West	Reviewing Office: Sgt Mullarkey	Date/Time Reviewed: 12-7-10
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USE COVER SHEET

Local Codes
10-382683

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT **DMV COPY**

1	Accident Date Month: 11, Day: 13, Year: 10	Day of Week SAT	Military Time 1212	No. of Vehicles 2	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	20
							Accident Reconstructed <input type="checkbox"/>			

3	VEHICLE 1 License ID Number: 489 048 799 Driver Name: BANKS, LEXUS, BREUNER Address: 281 CONGRESS AVE City: ROCHESTER, State: NY, Zip: 14611				VEHICLE 2 License ID Number: 132 869 946 Driver Name: REYNOLDS, DEMETRIUS Address: 4 BONESTEELE CIR City: ROCHESTER, State: NY, Zip: 14616				VEHICLE 3 BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		21
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3	Date of Birth: 8/26/93, Sex: F, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 2	Public Property Damaged: <input type="checkbox"/>	Date of Birth: 7/7/59, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged: <input type="checkbox"/>	22
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4	Name: HARRIS, QEDORA, Address: 281 CONGRESS AVE, City: ROCHESTER, State: NY, Zip: 14611	Name: REYNOLDS, DEMETRIUS, Address: 4 BONESTEELE CIR, City: ROCHESTER, State: NY, Zip: 14616	23
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5	Plate Number: CKE3659, State of Reg: NY, Vehicle Year & Make: 03 SATURN, Vehicle Type: SUV, Ins. Code: 328	Plate Number: BRL7246, State of Reg: NY, Vehicle Year & Make: 02 CHEVY, Vehicle Type: CARS, Ins. Code: 327	24
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5	Violation Section(s):	Violation Section(s):	25
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6	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.	25
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 2, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 2, 1 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	26
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7	Vehicle Towed: By JAYLEN COLE, To OF BY OWNER	Vehicle Towed: By JAYLEN COLE, To OF BY OWNER	27
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

9. 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: County: MONROE, City: ROCHESTER Road on which accident occurred: THURSTON RD at 1) intersecting street: LEWISTON or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes: DRIVER OF VEHICLE 2, WHO HAS A VALID NYS PERMIT WAS WITH HER STEWARD JENNARD COLE, WHO HAS A VALID NYS DRIVER'S LICENSE CURRENT ID 946 121 637. COLE STATED HE WAS TEACHING BANKS HOW TO DRIVE, THE WERE TRAVELLING SO ON THURSTON RD AND WENT TO TURN LEFT ON LEWISTON AVE, WHEN BANKS CUT THE CORNER TO CROSS STRAIGHT VEH 2 WHICH WAS STOPPED

8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	-	17	F	-	-	-	-	BANKS, LEXUS	
B	1	3	4	-	31	M	-	-	-	-	COLE, JENNARD	
C	2	1	4	-	51	F	9	12	0	-	REYNOLDS, DEMETRIUS	
D												
E												
F												

Officer's Rank and Signature: P.O. [Signature]	Badge/ID No.: 1537	NCIC No.: 08701	Precinct/Post Troop/Zone: W	Station/Beav Sector: W52	Reviewing Officer: [Signature]	Date/Time Reviewed: 11/14/2010
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ROCHESTER POLICE DEPARTMENT ADDENDUM REPORT

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#

10-382683

1. A CONTINUATION OF A(N)

MVA

3. VICTIM'S NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS

REYNOLDS, DEMETRIUS

4. OFFENSE/INCIDENT ADDRESS

THURSTON RD / LEMAITRE AVE

5. PSA

W152

6. DOW, DATE OF INCIDENT

5/17 11-13-17

PAGE

2

OF

2

BLOCK NO. 7. INDICATE BLOCK LETTER OR NUMBER IN LEFT MARGIN

A7 THE LIGHT A7 LEMAITRE AVE FACING W13

DRIVER OF VEHICLE 2 STATED SHE WAS STOPPED A7

THE LIGHT A7 LEMAITRE AND THURSTON RD AND WHEN DRIVER

OF VEHICLE 1 TRAVELING SB ON THURSTON ATTEMPTED TO

TURN RIGHT ONTO LEMAITRE W13 AND STRUCK HER VEHICLE.

DRIVER OF VEHICLE 2 COMPLAINED OF ABDOMINAL

PAIN. RUMBL METRO ON SCENE. DRIVER OF VEHICLE 2

REFUSED MEDICAL TREATMENT.

MINOR DAMAGE DAMAGE TO BOTH VEHICLES CITY

CAMERA A7 THE CORNER OF LEMAITRE AND THURSTON CHECKED

NEGATIVE RESULTS

10. XC TO:

1

8. REPORTING OFFICER

Dr. Moerwen

ID#

1837

9. SUPERVISOR

Sgt. A.G. Everson / 0525

ID#

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-357714

AMENDED REPORT

DMV COPY

19
4

1	Accident Date Month: 10, Day: 22, Year: 2010	Day of Week FR	Military Time 1832	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number 964662408	State of Lic. NY	VEHICLE 2 - Driver License ID Number 264812433	State of Lic. NY
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3	Driver Name - exactly as printed on license HUDSON, JAMES, E	Address (Include Number & Street) 15 HUNTINGTON PK	Apt. No. A-9	City or Town ROCHESTER	State NY	Zip Code 14621	Driver Name - exactly as printed on license REAVES, EBONY, C	Address (Include Number & Street) 57 JONES AVE	Apt. No.	City or Town ROCHESTER	State NY	Zip Code 14608
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4	Date of Birth Month: 7, Day: 26, Year: 55	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 12, Day: 15, Year: 82	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
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5	Name - exactly as printed on registration EAN; HOLDINGS; LLC.	Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration REAVES, EBONY, C	Sex F	Date of Birth Month: 12, Day: 15, Year: 82
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6	Address (Include Number & Street) 6929 N. LAKEWOOD AVE	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street) 57 JONES AVE	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
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7	City or Town TULSA	State OK	Zip Code 74117	City or Town ROCHESTER	State NY	Zip Code 14608
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8	Plate Number FAH5914	State of Reg. OK	Vehicle Year & Make 2010 Dodge	Vehicle Type 4DSD	Ins. Code 993	Plate Number ECZ4267	State of Reg. NY	Vehicle Year & Make 2000 Ford	Vehicle Type 2DSD	Ins. Code 684
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9	Ticket/Arrest Number(s) -	Violation Section(s) -	Ticket/Arrest Number(s) -	Violation Section(s) -
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10	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.	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes
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11	Vehicle Towed By To: C.F.B.D	Vehicle Towed By To: C.F.B.O
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12	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER: 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	ACCIDENT DIAGRAM Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction)
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13	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE City: Village: Town: ROCHESTER Road on which accident occurred: THURSTON ROAD at 1) intersecting street: ANTHONY STREET or 2) _____ of _____ (Route Number or Street Name) (Route Number or Street Name) (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes (V-2) WAS STOPPED IN TRAFFIC BEHIND TWO OTHER CARS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. (V-2) WHO WAS FACING (S/B) ON THURSTON RD WAS STRUCK FROM BEHIND BY (V-1) WHO WAS HEADED (S/B) ALSO. (V-2) SUSTAINED DAMAGE TO THE REAR BUMPER. (V-1) SUSTAINED DAMAGE TO THE FRONT BUMPER. NEITHER DRIVER FROM EACH VEHICLE WAS INJURED.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	-	-	6	-	-	-	-	-	JAMES HUDSON	-
B	2	1	4	1	28	F	-	-	6	-	-	-	-	-	EBONY REAVES	-
C																
D																
E																
F																

Officer's Rank and Signature Print Name in Full MELVIN WILLIAMS	Badge/ID No. 1982	NCIC No. 02701	Precinct/Post Troop/Zone WEST	Station/Beat Sector 54	Reviewing Officer [Signature]	Date/Time Reviewed 10/22/10 2100
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-353033

AMENDED REPORT DMV COPY

19
9

1	Accident Date Month: 10, Day: 18, Year: 10	Day of Week MON	Military Time 1647	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 977 539 650	State of Lic. NY	VEHICLE 2 - Driver License ID Number 511 342 130	State of Lic. NY
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2	Driver Name - exactly as printed on license LAMB, BRENDAN C	Driver Name - exactly as printed on license HERZOG, YAZIRA Y
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2	Address (Include Number & Street) 23 DIANA RD	Apt. No. -	Address (Include Number & Street) 18 SHRUBBERY LN	Apt. No. -
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3	City or Town SCOTTSVILLE	State NY	Zip Code 14546	City or Town ROCHESTER	State NY	Zip Code 14624
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3	Date of Birth Month: 1, Day: 15, Year: 84	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 1, Day: 26, Year: 76	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration DRIVER	Sex M	Date of Birth Month: 1, Day: 23, Year: 74	Name - exactly as printed on registration HERZOG, MICHAEL	Sex M	Date of Birth Month: 1, Day: 23, Year: 74
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4	Address (Include Number & Street) 48 SHRUBBERY LN	Apt. No. -	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	Address (Include Number & Street) 48 SHRUBBERY LN	Apt. No. -	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>
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4	City or Town ROCHESTER	State NY	Zip Code 14624	City or Town ROCHESTER	State NY	Zip Code 14624
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5	Plate Number EV 5754	State of Reg. NY	Vehicle Year & Make 01 SAT	Vehicle Type 4ASD	Ins. Code 328	Plate Number AFW 9998	State of Reg. NY	Vehicle Year & Make 09 HOND	Vehicle Type 3BWN	Ins. Code 273
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5	Ticket/Arrest Number(s) -	Ticket/Arrest Number(s) -
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5	Violation Section(s) -	Violation Section(s) -
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6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM
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7	Vehicle Towed: To CFBO	Vehicle Towed: To CFBO	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Diagram showing vehicle damage coding grid with numbers 1-13.
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29	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONR City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred BROOKS AV. at 1) intersecting street THURSTON RD. 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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30	Accident Description/Officer's Notes (V2) W/B ON BROOKS STOPPED AT LIGHT FOR THURSTON RD. (V1) ALSO W/B ON BROOKS BEHIND (V2) WHEN IT STRUCK (V2) IN THE REAR. NO INT. REPORTED.
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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	126	M	-	-	-	-	-	-	-	-	D1	-
B	2	1	4	134	F	-	-	-	-	-	-	-	-	D2	-
C															
D															
E															
F															

Officer's Rank and Signature PA [Signature]	Badge/ID No. 2070	NCIC No. 02701	Precinct/Post Troop/Zone WEST	Station/Beat Sector 57	Reviewing Officer [Signature]	Date/Time Reviewed 10-15-10 2300
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Print Name In Full DALE GOUBAY	Officer's Rank and Signature PA [Signature]
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

19
3

Local Codes
10-331194

AMENDED REPORT

Accident Date Month: 09, Day: 29, Year: 10	Day of Week Wed	Military Time 2131	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number 544675960	State of Lic. NY	VEHICLE 2 - Driver License ID Number 426 550 396	State of Lic. NY
Driver Name - exactly as printed on license Crosby, Mark A	Apt. No. -	Driver Name - exactly as printed on license Nash, Levar M	Apt. No. -

Address (Include Number & Street) 238 Weldon St	City or Town Rochester	State NY	Zip Code 14611	Address (Include Number & Street) 100 Ravenwood Av	City or Town Rochester	State NY	Zip Code 14619
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Date of Birth Month: 08, Day: 30, Year: 91	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 08, Day: 04, Year: 80	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>
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Name - exactly as printed on registration Crosby, Karen D	Sex F	Date of Birth Month: 05, Day: 21, Year: 65	Name - exactly as printed on registration Millhouse, Wilma J	Sex F	Date of Birth Month: 09, Day: 15, Year: 43
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Address (Include Number & Street) 703 Seward St	City or Town Rochester	State NY	Zip Code 14619	Address (Include Number & Street) 100 Ravenwood Av	City or Town Rochester	State NY	Zip Code 14619
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Plate Number EWG 2392	State of Reg. NY	Vehicle Year & Make 1996 Ford	Vehicle Type 4DSD	Ins. Code 100	Plate Number DVT 3992	State of Reg. NY	Vehicle Year & Make 2007 Lexus	Vehicle Type 4DSD	Ins. Code 328
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Ticket/Arrest Number(s) AAN7433994	Violation Section(s) 600(1)(a)	Ticket/Arrest Number(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.	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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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM
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Vehicle Towed: To	Vehicle Towed: To	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u>
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Coordinates (if available) Longitude/Easting:	Road on which accident occurred <u>Milton St</u> (Route Number or Street Name)
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at 1) intersecting street <u>Thurston Rd</u> (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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Accident Description/Officer's Notes
I responded to Milton St/Thurston Rd for a MVA. D2 said he was driving west on Milton, then was turning NB on Thurston. D1 backed into him and left the scene. D1 got a license plate. I found D1 at 238 Weldon and said he backed into D2 and also left the scene. No complaints of injuries.

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	2	1	19	M	-	-	6	-	-	-	-	Crosby, Mark A	-
B	2	1	2	1	30	M	-	-	6	-	-	-	-	Nash, Levar M	-
C	2	3	2	1	67	F	-	-	6	-	-	-	-	Millhouse, Wilma J	-
D															
E															
F															

Officer's Rank and Signature Brendan Barrett	Badge/ID No. 2183	NCIC No. 02701	Precinct/Post Troop/Zone West	Station/Beat/Sector 53	Reviewing Officer [Signature]	Date/Time Reviewed 10-29-10
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USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

19
69

Local Codes
10-300460

AMENDED REPORT DMV COPY

1	Accident Date Month: 9, Day: 4, Year: 10	Day of Week Saturday	Military Time 21:46	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 2244114A	State of Lic. VT	VEHICLE 2 - Driver License ID Number X	State of Lic. X	21
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3	Driver Name - exactly as printed on license Brand-Martins, Heather, L.	Address (Include Number & Street) 363 Flanders Pl	Apt. No. -	City or Town Rochester	State NY	Zip Code 05474	22
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3	Date of Birth Month: 8, Day: 29, Year: 79	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 4, Day: 2, Year: 79	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
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4	Name - exactly as printed on registration Martins, Heather, Lessee	Sex M	Date of Birth Month: 4, Day: 2, Year: 79	Address (Include Number & Street) 2254 45 RT 2	Apt. No. -	Haz. Mat. Code -	Released <input type="checkbox"/>	24
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4	City or Town Rochester	State NY	Zip Code 05474	City or Town X	State X	Zip Code X	24
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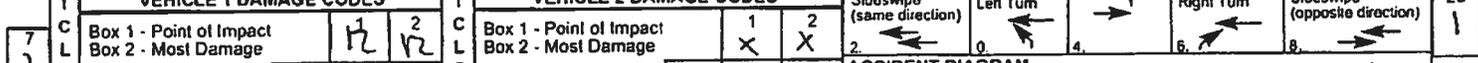
5	Plate Number EMK QNO	State of Reg. VT	Vehicle Year & Make 2008 Ford	Vehicle Type LL	Ins. Code X	Plate Number -	State of Reg. -	Vehicle Year & Make -	Vehicle Type -	Ins. Code -	25
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5	Ticket/Arrest Number(s) -	Violation Section(s) -	25
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6	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.	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 12, 22 Box 2 - Most Damage: 3, 4, 5	26
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6	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.	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	26
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7	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
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7	Vehicle By: - Towed: -	Vehicle By: X Towed: To	27
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7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	27
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7	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	28
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7	Place Where Accident Occurred: County: Monroe <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Rochester Road on which accident occurred: Flanders PL at 1) Intersecting street: Thurston Rd (Route Number or Street Name) or 2) - - - - - of - - - - - (Milepost, Nearest Intersecting Route Number or Street Name)	28
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7	Accident Description/Officer's Notes Veh #1 was driving eastbound on Flanders Pl, stopped at the stop sign then started to creep forward over the sidewalk to be able to see around the buildings on both sides of the street to watch for traffic so she could turn onto Thurston Rd. As soon as Veh #1 pulled over the sidewalk the unknown black male driver of a bicycle struck the driver side fender of Veh #1. Both drivers were fine as soon as the driver of Veh #1 mentioned calling police for documentation. The unknown male said "no police" got spooked + rode off. Driver of Veh #1 didn't get his info.	29
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8	ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only	30
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8	A	B	C	D	E	F										Heather Brand-Martins	-	30
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8	A	B	C	D	E	F										X Left Scene	-	30
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8	Officer's Rank and Signature PO Katie Drown	Badge/ID No. 1881	NCIC No. 02701	Precinct/Post Troop/Zone West	Station/Beat/Sector 52	Reviewing Officer Alber 708	Date/Time Reviewed 9-3-10 0645	30
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8	Print Name in Full Katie Drown	30
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USE COVER SHEET

Local Codes
10-288273

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT DMV COPY

38
9

Accident Date Month: 8, Day: 27, Year: 2010	Day of Week Friday	Military Time 0140	No of Vehicles 2	No Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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20
4

VEHICLE 1		VEHICLE 2		BICYCLIST		PEDESTRIAN		OTHER PEDESTRIAN	
VEHICLE 1 - Driver License ID Number 476 975 589	State of Lic. NY	VEHICLE 2 Driver License ID Number 263 553 229	State of Lic. NY						
Driver Name - exactly as printed on license Conrad, Karlienne		Driver Name - exactly as printed on license Greeley, Robert							
Address (Include Number & Street) 199 Snug Harbor Ct.		Address (Include Number & Street) 121 Harris Park							
City or Town Rochester		City or Town Rochester		State NY		Zip Code 14610			

21
22

Date of Birth Month: 12, Day: 11, Year: 91	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 7, Day: 1, Year: 63	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration Conrad, Karlienne		Sex F	Date of Birth Month: 12, Day: 11, Year: 91		Name - exactly as printed on registration Greeley, Robert		Sex M	Date of Birth Month: 7, Day: 1, Year: 63	
Address (Include Number & Street) 199 Snug Harbor Ct.		Apt. No. -	Haz. Mat. Code -	Released <input type="checkbox"/>	Address (Include Number & Street) 121 Harris Park		Apt. No. -	Haz. Mat. Code -	Released <input type="checkbox"/>
City or Town Rochester		State NY	Zip Code 14612		City or Town Rochester		State NY	Zip Code 14610	

23
24

Plate Number ESN 8268	State of Reg. NY	Vehicle Year & Make 1995 Chev	Vehicle Type 2D Sedan	Ins. Code 413	Plate Number FBS 8561	State of Reg. NY	Vehicle Year & Make 1995 Dodge	Vehicle Type Pickup	Ins. Code 999
Ticket/Arrest Number(s)		Violation Section(s)		Ticket/Arrest Number(s)		Violation Section(s)			

25
3

VEHICLE DAMAGE CODES	Check if involved vehicle is:	VEHICLE DAMAGE CODING:	Check if involved vehicle is:	ACIDENT DIAGRAM
	<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.	
Box 1 - Point of Impact	1	Box 1 - Point of Impact	1	
Box 2 - Most Damage	2 2	Box 2 - Most Damage	2	
Enter up to three more Damage Codes	3 4 5	Enter up to three more Damage Codes	3 4 5	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
Vehicle Towed To CBO		Vehicle Towed To CBO		

26
27
28
29

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>Monroe</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u>
	Longitude/Easting:	Road or which accident occurred <u>Thurston</u> (Route Number or Street Name)
		at 1) intersecting street <u>Brooks Ave</u> (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
Vehicle 1 was driving southbound on Thurston and turned in front of vehicle 2 driving northbound. Vehicle 1 impacted vehicle 2 on front driver side bumper while turning left into Rite Aid parking lot. Driver of vehicle 1 was taken to hospital with pain to ear.

30
USE COVER SHEET

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	9	1	18	F	1	12	6	9469	2701			D1	
B	2	1	4	1	47	M	-	13	6	-	-	-	-	D2	
C	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
E	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
F	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Officer's Rank and Signature ofc Michael DeWall	Badge/ID No. 2187	NCIC No. 02701	Precinct/Post Troop/Zone W52	Station/Beau/Sector 52	Reviewing Officer <i>[Signature]</i>	Date/Time Reviewed 8.28.10
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-263198

AMENDED REPORT DMV COPY

19
14

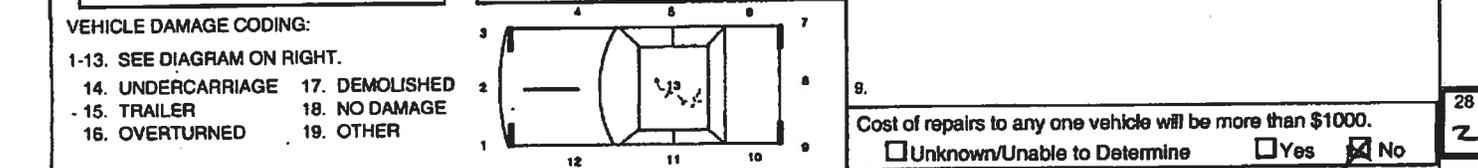
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Accident Date Month: 08 Day: 07 Year: 2010		Day of Week Fri	Military Time 2117	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
VEHICLE 1											VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN									

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22			
VEHICLE 1 - Driver License ID Number 456542673		State of Lic. NY		VEHICLE 2 - Driver License ID Number -		State of Lic. -		Driver Name - exactly as printed on license Jones, Lisa, T.				Driver Name - exactly as printed on license James, Emmanuel				Address (Include Number & Street) 1 Lexington Ct. Apt. A-3				Address (Include Number & Street) 7 Devonshire Ct			
City or Town Rochester, NY		State NY		City or Town Rochester, NY		State NY		City or Town Rochester, NY				City or Town Rochester, NY				City or Town Rochester, NY							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Date of Birth Month: 06 Day: 25 Year: 73		Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 02 Day: 07 Year: 09		Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>	Name - exactly as printed on registration Jones, Lisa, T.		Sex F	Date of Birth Month: 10 Day: 25 Year: -	Name - exactly as printed on registration -		Sex -	Date of Birth Month: - Day: - Year: -	Address (Include Number & Street) 45 Devon Rd			
City or Town Rochester, NY		State NY		City or Town Rochester, NY		State NY		City or Town Rochester, NY				City or Town Rochester, NY				City or Town Rochester, NY							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Plate Number A2R6881		State of Reg. NY	Vehicle Year & Make 2002 Honda	Vehicle Type HD	Ins. Code 328	Plate Number -		State of Reg. -	Vehicle Year & Make -	Vehicle Type -	Ins. Code -	Ticket/Arrest Number(s) -												
Violation Section(s) -												Violation Section(s) -												

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
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		ACCIDENT DIAGRAM																				
Box 1 - Point of Impact Box 2 - Most Damage		Box 1 - Point of Impact Box 2 - Most Damage		9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Reference Marker		Coordinates (if available) Latitude/Northing: Longitude/Easting:		Place Where Accident Occurred: County Monroe City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rochester Road on which accident occurred 481 Thurston Rd (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) ON OS OE OW of West (Milepost, Nearest Intersecting Route Number or Street Name)																				

Accident Description/Officer's Notes: **pedestrian ran into the street to get away from a barking dog when he was struck by veh 1. DI said she was driving south on Thurston Rd when pedestrian ran in front of her car causing her to strike pedestrian. minor bruising and pain to pedestrian. Pedestrian grandmother was on scene (witness) Renita Howell 445 Post Ave. #2 576-1448**

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
A	1	4	1	36	F	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B	1	-	-	5	M	12	6	9993	2706	Emmanuel/James	-	-	-	-	-	-	-	-	-	-	-	-	-
C	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
E	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
F	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Officer's Rank and Signature Tito Watson	Badge ID No. 1651	NCIC No. 02701	Precinct/Post Troop/Zone West	Station/Beat Sector 52	Reviewing Officer St-Mil	Date/Time Reviewed 8/8/10/0316
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USE COVER SHEET

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
10 255 715

AMENDED REPORT

19
9

1	Accident Date Month: 08 Day: 02 Year: 2010	Day of Week MON	Military Time 1304	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>
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2	VEHICLE 1 Driver License ID Number: 110516501 State of Lic: NY Driver Name: ALSTON, ROBERTA M Address: 179 LEIGHTON AV Apt. No.: - City: ROCHESTER State: NY Zip Code: 14609				VEHICLE 2 Driver License ID Number: 676005813 State of Lic: NY Driver Name: RASCOE, TRAVIS, L Address: 1168 MERRILL AV Apt. No.: - City: ROCHESTER State: NY Zip Code: 14619			
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3	Date of Birth: 03/04/76 Sex: F Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 07/25/65 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>
4	Name: ZIMMER, ROBERTA Sex: F Date of Birth: 09/01/46 Address: 483 MILL RD Apt. No.: - Haz. Mat. Code: <input type="checkbox"/>	Name: DRIVER #2 Sex: - Date of Birth: - Address: - Apt. No.: - Haz. Mat. Code: <input type="checkbox"/>

5	Plate Number: EB4669 State of Reg: NY Vehicle Year & Make: 1998 OLDS Vehicle Type: 4DSD Ins. Code: 620	Plate Number: FD5452 State of Reg: NY Vehicle Year & Make: 1989 MBZ Vehicle Type: 2DSD Ins. Code: 071
6	Ticket/Arrest Number(s): AAW7143415	Ticket/Arrest Number(s): -
7	Violation Section(s): UTL 509-1	Violation Section(s): -

8	Check if involved vehicle is: <input checked="" 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.
9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 2	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 8	ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONK City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: ROCHESTER Road on which accident occurred: BROOKS AV (Route Number or Street Name) at 1) intersecting street: - (Route Number or Street Name) or 2) 36 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of JANASTON RD (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: **VEH 2 WAS STOPPED E/B ON BROOKS DURING THE RED LIGHT. VEH 1 WAS E/B ON BROOKS AVE BEHIND VEH 2 AND WENT OVER THE FRONT OF VEH 1 HIT THE REAR OF VEH 2. NO DAMAGE TO VEHICLE 1. NO INJURIES REPORTED. DRIVER #1 HAD NO LICENSE AND WAS ISSUED A VTL.**

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	4	1	4	1	34	F	-	-	6	-	-	-	-	DRIVER #1	-
B	2	1	4	1	45	M	-	-	6	-	-	-	-	DRIVER #2	-
C															
D															
E															
F															

Officer's Rank and Signature: P.O. Van Alstine	Badge/ID No.: 1840	NCIC No.: 02701	Precinct/Post Troop/Zone: WEST	Station/Beat/Sector: 53	Reviewing Officer: L.J. Amm	Date/Time Reviewed: 8/2/10 1815hrs.
Print Name in Full: CARIS MARSHALL						

DMV FORM 104-A (REV. 10-07)

USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
10-251621

AMENDED REPORT

DMV COPY

18
9

1	Accident Date Month: 7, Day: 30, Year: 10	Day of Week SR	Military Time 1514	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>			

2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				21	
License ID Number		554 253 234		State of Lic. NY		VEHICLE 2 - Driver License ID Number		Fullright, Jacquelyn NY		22
Driver Name - exactly as printed on license		FOR, Jeffrey		Apt. No. -		Driver Name - exactly as printed on license		182 89 223		23
Address (Include Number & Street)		170 Sylvania RD		City or Town Rochester		Address (Include Number & Street)		PO Box 31315		24
City or Town		Rochester		State NY		City or Town		Rochester		25
State		NY		Zip Code 14618		State		NY		26
Zip Code		14618				Zip Code		14603		27

3	Date of Birth Month: 4, Day: 27, Year: 81	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 7, Day: 10, Year: 74	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	28
Name - exactly as printed on registration		Driver		Date of Birth Month: 7, Day: 10, Year: 74		Name - exactly as printed on registration		Driver		29	
Address (Include Number & Street)		Apt. No. -		Haz. Mat. Code -		Address (Include Number & Street)		Apt. No. -		30	
City or Town		State		Zip Code		City or Town		State		31	

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	32
ETZ 4427		NY	2009 GMC	SUBN	071	BOT 958	NY	2003	2xw	SUBM 494	33
Ticket/Arrest Number(s)				Ticket/Arrest Number(s)						34	
Violation Section(s)				Violation Section(s)						35	

6	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.	25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 2 Box 2 - Most Damage: 3, 4, 8	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 3, 4, 6	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	26
Vehicle Towed: To C.F.B.O.		Vehicle Towed: To C.F.B.O.		27

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

9. 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: County: <u>Monroe</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Rochester</u> Road on which accident occurred: <u>Thurston Rd</u> at 1) intersecting street: <u>Brooks Rd</u> or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	28
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Accident Description/Officer's Notes: (V2) was stopped facing left @ Brooks/Thurston (V1) was slaring behind her + bumped (V2) rear bumper @ an extremely low speed. Absolutely no damage to either vehicle. (V2) contacted at a head-on.

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	-	-	-	-	-	-	-	-	Jeff Fox	-
B	2	1	4	1	F	12	6	9559	2706	Jacquelyn Wright	-	-	-	-	-
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full: <u>Watson</u>	Badge/ID No. <u>1480</u>	NCIC No. <u>07701</u>	Precinct/Post Troop/Zone <u>WSP</u>	Station/Beat/Sector <u>53</u>	Reviewing Officer <u>Sgt 1340</u>	Date/Time Reviewed <u>8/1/10 1946</u>
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USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
0.244023

AMENDED REPORT DMV COPY

19
60

1	Accident Date Month: 7, Day: 24, Year: 2010	Day of Week Sat.	Military Time 1400	No. of Vehicles 2	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
	Accident Reconstructed <input type="checkbox"/>								

2	VEHICLE 1 Driver License ID Number: 671-750-846 Driver Name: King, Kazi, Juma Address: 396 Brooks Ave City/Town: Rochester, NY 14619				VEHICLE 2 Driver License ID Number: 716-509-451 Driver Name: Jones, Jamal, D. Address: 114 Alameda St. City/Town: Rochester, NY 14613			
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3	Date of Birth: 4/23/1971 Sex: M Unlicensed: <input type="checkbox"/>	No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 3/24/1990 Sex: M Unlicensed: <input type="checkbox"/>	No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>
4	Name: Driver #1 Address: [blank] City/Town: [blank]	Name: Emerson LaQuanda Address: 426 Burr St. City/Town: Rochester, NY 14613		

5	Plate Number: ESN 6443 State of Reg: NY Vehicle Type: 40SD	Plate Number: DX 6867 State of Reg: NY Vehicle Type: 40SD
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6	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.
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 4 Box 2 - Most Damage: 10, 4 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 3, 2 Box 2 - Most Damage: [blank] Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM

Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: Monroe City/Village/Town: Rochester Road on which accident occurred: 298 Thurston Rd at 1) intersecting street: Anthony St. 2) 15 Feet Miles of Anthony St.
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Accident Description/Officer's Notes: (V1) operating his veh & traveling N/B on Thurston Rd did strike (V2) who was operating his veh and making a "K" turn on Thurston Rd, backing to get in position. Parking position. (V1) attempted to avoid (V2) but struck him, then slide into the curb in front of above listed location. (V1) sustained damage to: rear drivers side corner panel and front passenger side fender. (Plot) (V2)'s damage: transfer of

	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	V1	4	1	20	M	-	-	-	-	-	Juma K. King	-
B	V1	3	4	1	24	M	-	-	-	-	Chris Elmdaton	-
C		* paint and molding on front passenger side pulled away from veh.										
D												
E	V2	4	1	20	M	-	-	-	-	-	Jamal D. Jones	-

Officer's Name and Signature: H.G. EVERTSON	Badge/ID No.: 525	NCIC No.: 02781	Precinct/Post/Zone/Sector: WEST 53	Station/Beat: [blank]	Reviewing Officer: J.R. OLIVER	Date/Time Reviewed: 7-25-10, 1210 hrs.
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USE COVER SHEET

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17

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1

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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
10-234057

AMENDED REPORT

19
3

1	Accident Date Month: 7, Day: 16, Year: 10	Day of Week FRI	Military Time 1900	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number 359-164-485	State of Lic. NY	VEHICLE 2 - Driver License ID Number 857-290-137	State of Lic. NY
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2	Driver Name - exactly as printed on license Colquhoun, Rose X	Address (Include Number & Street) PO BOX 30403 / 134 Milton St	City or Town Rochester	State NY	Zip Code 14603	Driver Name - exactly as printed on license Burgess, LaKisha N	Address (Include Number & Street) 575 Post Ave	City or Town Rochester	State NY	Zip Code 14619
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3	Date of Birth Month: 01, Day: 20, Year: 70	Sex F	Unlicensed <input checked="" type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 5, Day: 21, Year: 80	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 0	Public Property Damaged <input type="checkbox"/>
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3	Name - exactly as printed on registration Uhaul Co of Arizona	Sex M	Date of Birth Month: / Day: / Year:	Name - exactly as printed on registration Burgess, LaKisha N	Sex F	Date of Birth Month: 5, Day: 21, Year: 80
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4	Address (Include Number & Street) PO BOX 21508	City or Town Phoenix	State AZ	Zip Code 85036	Address (Include Number & Street) 60 Peck St	City or Town Rochester	State NY	Zip Code 14609
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5	Plate Number AA 40172	State of Reg. AZ	Vehicle Year & Make 1996 Uhaul	Vehicle Type TRUCK	Ins. Code X	Plate Number EWF-3533	State of Reg. NY	Vehicle Year & Make 2001 HONDA	Vehicle Type 2DR	Ins. Code 307
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5	Ticket/Arrest Number(s) AAN6506511	Violation Section(s) 509(1) unlicensed operator	Ticket/Arrest Number(s) 59912414	Violation Section(s) NO STANDING (PARKING violation)
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6	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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6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 8, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2, 2 Box 2 - Most Damage: 2, 2 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction)
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7	Vehicle Towed: By CFBO / NO DAMAGE To	Vehicle Towed: By CFBO To
---	---------------------------------------	---------------------------

7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Monroe X City Village Twn of Rochester Road on which accident occurred Thurston RD at 1) intersecting street Anthony ST or 2) _____ Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)
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8	Accident Description/Officer's Notes V1 is a Uhaul truck and began to move from a parked position on Thurston RD, near Anthony ST. V1 began to reverse, and struck V2 which had just parked behind V1. V1's trailer hitch damaged V2's vehicle near the front license plate. NO Damage to V1 and NO injuries. V1 was ticketed for operating the Uhaul truck with NO NY's License and V2 was ticketed for PARKING in a NO STANDING zone.
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9	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	3	4	1	40	F	6	6	6	6	Rose Colquhoun				
B	1	3	4	1	43	M	6	6	6	6	John Lee				
C	2	1	4	1	30	F	6	6	6	6	LaKisha N Burgess				
D															
E															
F															

9	Officer's Rank and Signature POMG J. Back	Badge/ID No. 1684	NCIC No. 02701	Precinct/Post Troop/Zone W 52	Station/Beat Sector 1012	Reviewing Officer [Signature]	Date/Time Reviewed 7-17-10/1646
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9	Officer's Name in Full POMG J. Back
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9	Officer's Print Name in Full POMG J. Back
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9	Officer's Signature [Signature]
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9	Officer's Title [Signature]
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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9	Officer's Date/Time 7-17-10/1646
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-221542

AMENDED REPORT

19
X
20
X

1	Accident Date Month: 7, Day: 7, Year: 10	Day of Week WED	Military Time 1130	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Accident Reconstructed <input type="checkbox"/>								

2	VEHICLE 1 Driver License ID Number: Unknown X Driver Name: [Redacted] X Address: [Redacted] X City/Town: [Redacted] X				State of Lic. [Redacted] X				VEHICLE 2 Driver License ID Number: unoccupied Driver Name: [Redacted] Address: [Redacted] City/Town: [Redacted]				State of Lic. [Redacted]			
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3	Date of Birth: [Redacted] Sex: [Redacted] Unlicensed: <input type="checkbox"/>				No. of Occupants: [Redacted] Public Property Damaged: <input type="checkbox"/>				Date of Birth: [Redacted] Sex: [Redacted] Unlicensed: <input type="checkbox"/>				No. of Occupants: [Redacted] Public Property Damaged: <input type="checkbox"/>			
4	Name: [Redacted] Sex: [Redacted] Date of Birth: [Redacted]				Name: GORDON, THOMAS, A. Sex: M Date of Birth: 03/20/65				Address: [Redacted] Apt. No.: [Redacted]				Address: 82 Firestone Dr. Apt. No.: [Redacted]			
	City/Town: [Redacted] State: [Redacted] Zip Code: [Redacted]				City/Town: Rochester NY State: NY Zip Code: 14624				Plate Number: ESB4368 NY State of Reg: NY Vehicle Year & Make: 2002 CHEVY Vehicle Type: 4DRS Ins. Code: 100							

5	Ticket/Arrest Number(s): [Redacted]				Violation Section(s): [Redacted]				Ticket/Arrest Number(s): [Redacted]				Violation Section(s): [Redacted]			
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6	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.							
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [Redacted] Box 2 - Most Damage: [Redacted]				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [Redacted] Box 2 - Most Damage: [Redacted]											

VEHICLE DAMAGE CODING:	1-13. SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE	17. DEMOLISHED
		15. TRAILER	18. NO DAMAGE
		16. OVERTURNED	19. OTHER

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing: [Redacted]	County: MONROE City: [Redacted] of [Redacted]
	Longitude/Easting: [Redacted]	Road on which accident occurred: 661 Thurston Rd (Route Number or Street Name)
		at 1) intersecting street: [Redacted] (Route Number or Street Name)
		or 2) [Redacted] of [Redacted] (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: Veh. 2 was parked along the western curb in front of 661 Thurston Rd (Facing south) between 11:30hrs and 1200hrs, while its owner was at the post office. When the owner returned to the vehicle, she did learn that the vehicle received damage to the driver side front fender and headlight with white paint transfer. Veh. 2 was unoccupied during this incident. Patrols at the scene at 661 Thurston Rd saw nothing (EO) did check with city cameras but nothing was captured on video. Hi R card on file.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved		Date of Death Only
A		X	X	X	X	X	X	X	X	X	X					
B																
C																
D																
E																
F																

Officer's Rank and Signature Print Name in Full: CASTILLO, JAMES	Badge/ID No.: 2015	NCIC No.: 07P1	Precinct/Post Troop/Zone: WEST	Station/Beat/Sector: 53	Reviewing Officer: [Signature]	Date/Time Reviewed: 7-7-10 1830
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-191277

AMENDED REPORT DMV COPY

19
4

1	Accident Date Month: 6 Day: 14 Year: 2010	Day of Week Monday	Military Time 1650	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	VEHICLE 1			VEHICLE 2			BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		

2	VEHICLE 1 - Driver License ID Number 430 422 552	State of Lic. NY	VEHICLE 2 - Driver License ID Number 112 401 671	State of Lic. NY
	Driver Name - exactly as printed on license Tates, Jesse D	Address (Include Number & Street) 1909 Roosevelt Hwy	Driver Name - exactly as printed on license Ridley, Kerrie M	Address (Include Number & Street) 484 Westfield St

3	Date of Birth Month: 11 Day: 14 Year: 90	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 3 Day: 11 Year: 70	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration Suburban Diesel	Sex M	Date of Birth Month: 11 Day: 14 Year: 90	Name - exactly as printed on registration Ridley, Kerrie M	Sex F	Date of Birth Month: 3 Day: 11 Year: 70
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5	Plate Number B470JC	State of Reg. NY	Vehicle Year & Make 1997 Ford Truck	Vehicle Type Truck	Ins. Code 018	Plate Number DZD9608	State of Reg. NY	Vehicle Year & Make 2003 Chevy	Vehicle Type 4DSD 413	Ins. Code 413
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6	Ticket/Arrest Number(s) -	Violation Section(s) -	Ticket/Arrest Number(s) -	Violation Section(s) -
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7	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" 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 checked="" type="checkbox"/> more than 95 inches wide; <input checked="" 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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8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACIDENT DIAGRAM Diagram #1
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9	Vehicle Towed: By CFBO To CFBO	Vehicle Towed: By CFBO To CFBO	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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10	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Monroe City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: Rochester Road on which accident occurred: Thurston -at- intersecting street: Feet: 02100 Miles: 02 DE 0W of Anthony St (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: (V1) operated by (D1) rear ends (V1) operated by (D2) when she brakes to avoid hitting uninvolved vehicle that stopped quickly. (D2) taken to Sturgis with complaint of back pain. Vehicle CFBO.

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17	18	BY	TO
A			4	1	19	M	-	13	6	-	-	Tates, Jesse D	
B		3	4	7	40	M	-	13	6	-	-	Williams, Charles	
C	2	1	4	1	52	F	6	12	6	9993-9993	2766	Ridley, Kerrie M	
D													
E													
F													

Officer's Rank and Signature Print Name in Full William M Stewart	Badge/ID No. 1750	NCIC No. 02 701	Precinct/Post Troop/Zone W 52	Station/Beat/Sector 341 340	Reviewing Officer 341 340	Date/Time Reviewed 6/24/10 2:20
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30
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Code **ROD**
10-180512

AMENDED REPORT

19
3

1. Accident Date Month: 06, Day: 05, Year: 2010	Day of Week: SA	Military Time: 2030	No. of Vehicles: 2	No. Injured: 0	No. Killed: 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input 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: 48R	State of Lic.:	VEHICLE 2 - Driver License ID Number: Parked	State of Lic.:
Driver Name - exactly as printed on license	Apt. No.	Driver Name - exactly as printed on license	Apt. No.
Address (Include Number & Street)		Address (Include Number & Street)	
City or Town	State	City or Town	State
Zip Code		Zip Code	

3. Date of Birth: Month: 09, Day: 01, Year: 81	Sex: M	Unlicensed <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged <input type="checkbox"/>	Date of Birth: Month: 11, Day: 18, Year: 85	Sex: F	Unlicensed <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration: White, George					Name - exactly as printed on registration: Broughton, Ashley, L				
Address (Include Number & Street): 344 Babborough Rd					Address (Include Number & Street): 15 Haymarket Rd				
City or Town: Rochester	State: NY	Zip Code: 14619	City or Town: Rochester	State: NY	Zip Code: 14624				

4. Plate Number: EPK 1536	State of Reg.: NY	Vehicle Year & Make: 1996 Chevy	Vehicle Type: Pick	Ins. Code: 318	Plate Number: FBK 7072	State of Reg.: NY	Vehicle Year & Make: 2008 Honda	Vehicle Type: Pick	Ins. Code: 48
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5. Ticket/Arrest Number(s)	Violation Section(s)
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6. 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	ACCIDENT DIAGRAM										
Box 1 - Point of Impact: X 2	Box 1 - Point of Impact: 2 2	<table border="1"> <tr> <td>1. Rear End</td> <td>2. Left Turn</td> <td>3. Right Angle</td> <td>4. Right Turn</td> <td>5. Head On</td> </tr> <tr> <td>6. Sideswipe (same direction)</td> <td>7. Left Turn</td> <td>8. Right Turn</td> <td>9. Right Turn</td> <td>10. Sideswipe (opposite direction)</td> </tr> </table>	1. Rear End	2. Left Turn	3. Right Angle	4. Right Turn	5. Head On	6. Sideswipe (same direction)	7. Left Turn	8. Right Turn	9. Right Turn	10. Sideswipe (opposite direction)
1. Rear End	2. Left Turn	3. Right Angle	4. Right Turn	5. Head On								
6. Sideswipe (same direction)	7. Left Turn	8. Right Turn	9. Right Turn	10. Sideswipe (opposite direction)								
Enter up to three more Damage Codes: 3 X 4 X 5 X	Enter up to three more Damage Codes: 3 4 5	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No										

7. Vehicle Towed: driver removed	Vehicle Towed: driver removed
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VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County: Monroe City: <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rochester
	Longitude/Easting:	Road on which accident occurred: Thurston Milton (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)

Accident Description/Officer's Notes: **V2 was parked SB on Thurston at Milton unoccupied. An unidentified female told V1 another that someone vehicle backed into her parked car at the location and fled SB on Thurston Rd. Registered address residence was checked but address is not good. Minor damage to V2 on the front bumper. No other addresses on file for Street residence.**

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	9	1											Parked	
B	2															
C																
D																
E																
F																

Officer's Rank and Signature: Po C. Morehouse	Badge/ID No.: 1916	NCIC No.: 0270	Precinct/Post Troop/Zone: West	Station/Beat Sector: S2	Reviewing Officer: Sgt	Date/Time Reviewed: 6.5.10 2249
Print Name In Full: Po C. Morehouse						

USE COVER SHEET
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
70-177605

AMENDED REPORT DMV COPY

19
47

1	Accident Date Month: 06 Day: 03 Year: 201	Day of Week Thur	Military Time 0340	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 License ID Number: 944488741 Driver Name: Teague, Mark L Address: 199 Kearney Dr City: Rochester NY Zip: 14617				VEHICLE 2 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number: Parked Driver Name: - Address: - City or Town: - State: - Zip Code: -			
---	--	--	--	--	--	--	--	--

3	Date of Birth: 02/01/85 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 03/16/83 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 0 Public Property Damaged: <input type="checkbox"/>
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4	Name: Spann, John A Address: 165 Lake St City: Perry NY Zip: 14530	Name: Fulton, Tiffany Address: 31 Riverside Dr City: Rochester NY Zip: 14623
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5	Plate Number: EKV 7978 NY Vehicle Year & Make: 2006 Chev SUBN Ins. Code: 148	Plate Number: DNV 9180 NY Vehicle Year & Make: 2003 Buick SUBN Ins. Code: 327
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6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 4 2 Box 2 - Most Damage: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 11 2 Box 2 - Most Damage: 11 11	ACCIDENT DIAGRAM Thurston Rd N ↓
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8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE City: Village: Town: of Rochester Road on which accident occurred: Thurston Rd at 1) intersecting street: Thurston Rd or 2) 100 Feet Miles of N E S W of Ravenwood Ave
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Accident Description/Officer's Notes: Driver 1 states he was driving south on Thurston Road when his front passenger tire blew out when the tire blew out his vehicle 1 went slightly right causing it to strike the left sides of vehicles 2 & 3 with the right side of his vehicle

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	30	M	-	-	6	-	-	-	-	Driver 1	
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full: Kirk T.	Badge/ID No.: 2038	NCIC No.: 02701	Precinct/Post Troop/Zone Sector: West 47	Station/Beat/ Sector: 47	Reviewing Officer: JG	Date/Time Reviewed: 4/6/10 0148
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USE COVER SHEET
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Local Codes
10-127105

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT DMV COPY

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USE COVER SHEET
N

1	Accident Date Month: 06, Day: 03, Year: 10	Day of Week Thurs	Military Time 0340	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number: Parked Driver Name: [blank] Address: [blank]				VEHICLE 2 - Driver License ID Number: [blank] Driver Name: [blank] Address: [blank]			
---	---	--	--	--	--	--	--	--

3	Date of Birth: [blank]	Sex: [blank]	Unlicensed: <input type="checkbox"/>	No. of Occupants: 0	Public Property Damaged: <input type="checkbox"/>	Date of Birth: [blank]	Sex: [blank]	Unlicensed: <input type="checkbox"/>	No. of Occupants: [blank]	Public Property Damaged: <input type="checkbox"/>
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4	Name: Gupton Charlotte Address: 106 Aberdeen st City: Rochester, NY Zip: 14614	Name: [blank] Address: [blank] City: [blank], State: [blank], Zip: [blank]
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5	Plate Number: PUN 8898 State of Reg: NY Vehicle Year & Make: 1995 Nissan	Plate Number: [blank] State of Reg: [blank] Vehicle Year & Make: [blank]
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6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 11, 2 Box 2 - Most Damage: 11, 11 Enter up to three more Damage Codes: 10, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM [Diagram with 8 numbered points for damage location]
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8	Vehicle Towed: To CFBO	Vehicle Towed: To [blacked out]	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: [blank] City: [blank] Village: [blank] Town: [blank] Road on which accident occurred: [blank] at 1) Intersecting street: [blank] or 2) [blank] N S E W of [blank] Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes
See Page #1

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full: Kirk J.	Badge/ID No.: 2038	NCIC No.: 02701	Precinct/Post Troop/Zone: West	Station/Beat Sector: 47	Reviewing Officer: [Signature]	Date/Time Reviewed: 6/6/10 04:48 hrs
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
10-155289

AMENDED REPORT

19
3

1	Accident Date Month: 5, Day: 17, Year: 10	Day of Week Mon	Military Time 1305	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
	Accident Reconstructed <input type="checkbox"/>								Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

20
24

2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>			
	License ID Number 938 767 788	State of Lic. NY	License ID Number 348 908 628	State of Lic. NY	Driver Name - exactly as printed on license Jones, Robert A		Driver Name - exactly as printed on license Williams, Robert L		Address (Include Number & Street) 59 New Wickham Dr		Address (Include Number & Street) 111 Aldine St.	
	City or Town Pentfield	State NY	City or Town Roch.	State NY	Zip Code 14526	City or Town Roch.	State NY	Zip Code 14619				

21
41

3	Date of Birth Month: 2, Day: 9, Year: 56	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 3, Day: 19, Year: 40	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>		
	Name - exactly as printed on registration Driver 1			Name - exactly as printed on registration Driver 2			Address (Include Number & Street)			Address (Include Number & Street)		
4	City or Town Pentfield				City or Town Roch.							

22
23

5	Plate Number EGD7320	State of Reg. NY	Vehicle Year & Make 08 Merc	Vehicle Type LL	Ins. Code 182	Plate Number ELS9576	State of Reg. NY	Vehicle Year & Make 79 Chev	Vehicle Type 2D	Ins. Code 182
	Violation Section(s)					Violation Section(s)				

24
25

6	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.			
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM Enterprise			

26
27

8	Vehicle Towed: By CFBO To	Vehicle Towed: By CFBO To	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER			
	Diagram showing vehicle damage coding (1-13)		Diagram showing accident diagram (1-9)			

28
29

9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County Monroe City Village Town of Rochester Road on which accident occurred Thurston Rd (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) 50 N of Enterprise St Foot Miles (Milepost, Nearest intersecting Route Number or Street Name)			
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30
31

Accident Description/Officer's Notes: Driver 1 said he was looking to park his vehicle. He said he drove past vehicle 2 a little and then began to back up to parallel park behind vehicle 2. Driver 1 said he was looking at his back up video monitor. As vehicle 1 went past and began to back up vehicle 2 pulled out and the two collided.

32
33

	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	-	-	-	-	-	-	-	-	Jones, Robert A	-
B	2	1	4	1	M	-	-	-	-	-	-	-	-	Williams, Robert L	-
C	No Witness No Injury Minor Damage														
D															
E															
F															

34
35

Officer's Rank and Signature Print Name in Full D. Williams	Badge/ID No. 1541	NCIC No. 02701	Precinct/Post Troop/Zone W	Station/Beat Sector 52	Reviewing Officer P. Kusin 16	Date/Time Reviewed 1322 5/17/10
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36
37

ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10-144694

AMENDED REPORT

19
7

1	Accident Date Month: 5, Day: 8, Year: 10	Day of Week SAT	Military Time 0930	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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20
69

2	VEHICLE 1 License ID Number: 392-841-926 Driver Name: Webb, Emerald, L Address: 61 Lime St City/Town: Rochester, NY State: NY, Zip Code: 14606				VEHICLE 2 License ID Number: 818-798-555 Driver Name: Chess, Jarell, M Address: 182 Lehigh Ave City/Town: Rochester, NY State: NY, Zip Code: 14619			
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21

22

3	Date of Birth: 05/28/87, Sex: F, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 02/28/70, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>
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23
5

4	Name: Dunnichugh, K.R., L, Sex: M, Date of Birth: 11/23/89	Name: Same, Sex: -, Date of Birth: -
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24
4

5	Plate Number: EWG-2846, State of Reg: NY, Vehicle Year & Make: 2000 Dodge Van, Ins. Code: 327	Plate Number: EIT-9854, State of Reg: NY, Vehicle Year & Make: 1993 Olds 90SD, Ins. Code: 327
---	---	---

25
1

6	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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26
2

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 2 Box 2 - Most Damage: 3, 3, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 1, 2 Box 2 - Most Damage: 2, 3, 12
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27
1

8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

28
1

9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Monroe, City/Village/Town: Rochester Road on which accident occurred: Thurston rd. at 1) intersecting street: Hillendale or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)
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29

Accident Description/Officer's Notes: Veh 1 was S/B on Thurston rd. Veh 2 was at Hillendale + Thurston rd facing E/B. Veh 2 was attempting to pull out into S/B Thurston rd. Pkcked veh's on the west side of Thurston rd blocked Driver 2's view of Thurston rd. Veh 2 pulled out into Thurston causing Veh 1 to strike Veh 2's front end with it's front end. Driver 1 + Passenger of Veh 2 both went to the Hospital with the complaint of pain.

30

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	23	F	12	12	6	9932	2706	Webb, Emerald				
B	2	1	4	1	20	M	-	-	-	-	-	Chess, Jarell				
C	1	3	4	1		F	12	12	6		2706	Holland, Chynesta	4/17/71			
D																
E																
F																

USE COVER SHEET
N

Officer's Rank and Signature: MCNEES	Print Name in Full: MCNEES	Badge/ID No.: 1398	NCIC No.: 02701	Precinct/Post Troop/Zone: West	Station/Beal Sector: 53	Reviewing Officer: [Signature]	Date/Time Reviewed: 6-8-10, 1450 hrs.
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-143095

AMENDED REPORT DMV COPY

19
13

1	Accident Date Month: 05 Day: 06 Year: 2010	Day of Week THUR	Military Time 2316	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number HIT & RUN	State of Lic. NY	VEHICLE 2 - Driver License ID Number PARKED	State of Lic. FL
---	--	----------------------------	---	----------------------------

3	Driver Name - exactly as printed on license FRIZOL, HEATHER, R	Address (Include Number & Street) 50 HILLENDALE ST	Apt. No. -	City or Town ROCHESTER	State NY	Zip Code 14619	Driver Name - exactly as printed on license PRATT, KEVONA	Address (Include Number & Street) 7382 CANTERBURY	Apt. No. -	City or Town SPRING HILL	State FL	Zip Code 34606
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4	Date of Birth Month: 05 Day: 31 Year: 80	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 05 Day: 31 Year: 87	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
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5	Name - exactly as printed on registration FRIZOL, HEATHER, R	Sex F	Date of Birth Month: 05 Day: 31 Year: 80	Name - exactly as printed on registration PRATT, KEVONA	Sex M	Date of Birth Month: 05 Day: 31 Year: 87
---	--	-----------------	--	---	-----------------	--

6	Plate Number FBS2581	State of Reg. NY	Vehicle Year & Make 1996 PONT	Vehicle Type 9D	Ins. Code 999	Plate Number 35ZTDA	State of Reg. FL	Vehicle Year & Make 2002 VOLK	Vehicle Type 4D	Ins. Code 100
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7	Ticket/Arrest Number(s) -	Violation Section(s) -	Ticket/Arrest Number(s) -	Violation Section(s) -
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8	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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9	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM
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10	Vehicle By JOHN & SON COL. Towed: To	Vehicle By JOHN & SON COL. Towed: To	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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11	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:
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12	Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 374 THURSTON RD (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 35 <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of MILTON ST (Milepost, Nearest intersecting Route Number or Street Name)
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13	Accident Description/Officer's Notes THE OWNER OF VEH #2 STATES HIS CAR WAS PARKED AT ABOVE LOCATION WHEN VEH #1 SIDESWIPED HIS UNOCCUPIED VEH. VEH #1 FRIEND WAS ABLE TO GET PLATE NUMBER. A SHORT TIME LATER VEH #1 WAS REPORTED AS BEING DITCHED/ABANDONED IN FRONT OF A DRIVEWAY ON 27 FLLMORE ST. DAMAGE WAS CONSISTENT. MALE DRIVER WAS OBSERVED FLEEING.
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14	ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
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15	Officer's Rank and Signature P.O. A. Johnston	Badge/ID No. 1785	NCIC No. 02701	Princt/Post Troop/Zone WEST	Station/Beat Sector 52	Reviewing Officer 708	Date/Time Reviewed 5/8/10 0636
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16	Print Name in Full A. JOHNSTON
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10-133668

AMENDED REPORT **DMV COPY**

19
4

1	Accident Date Month 4 Day 29 Year 2010	Day of Week THURS	Military Time 1715	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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20
9

2	VEHICLE 1 License ID Number 107 889 002 State of Lic. NY				VEHICLE 2 <input checked="" type="checkbox"/> <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN License ID Number 791 326 449 State of Lic. NY			
	Driver Name - exactly as printed on license SMITH, CHRISTINA, T.				Driver Name - exactly as printed on license ELSAW, VALERIE			
	Address (Include Number & Street) 14544 ARLINGTON TER. Apt. No. 2				Address (Include Number & Street) 70 MAYFIELD STREET Apt. No. -			
	City or Town JAMAICA State NY Zip Code 11435		City or Town ROCHESTER State NY Zip Code 14609					

21
-

22
-

3	Date of Birth Month 7 Day 17 Year 1986 Sex F Unlicensed <input type="checkbox"/>	No. of Occupants 1 Public Property Damaged <input type="checkbox"/>	Date of Birth Month 6 Day 16 Year 1966 Sex F Unlicensed <input type="checkbox"/>	No. of Occupants 1 Public Property Damaged <input type="checkbox"/>	
	Name - exactly as printed on registration GRAHAM, JAMAL, J. Sex M Date of Birth Month 10 Day 13 Year 78		Name - exactly as printed on registration DRIVER Sex - Date of Birth Month - Day - Year -		
	Address (Include Number & Street) 21 A. PLACE Apt. No. B Haz. Mat. Code - Released <input type="checkbox"/>		Address (Include Number & Street) - Apt. No. - Haz. Mat. Code - Released <input type="checkbox"/>		
	City or Town ROCHESTER State NY Zip Code 14619		City or Town - State - Zip Code -		

23
5

24
5

4	Plate Number EYF-9776 State of Reg. NY Vehicle Year & Make 2000 CHEV Vehicle Type 4DSD Ins. Code OIG	Plate Number EFV-2510 State of Reg. NY Vehicle Year & Make 2002 SATURN Vehicle Type 4DSD Ins. Code OIG
5	Ticket/Arrest Number(s) -	Ticket/Arrest Number(s) -
	Violation Section(s) -	Violation Section(s) -

25
1

6	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.			
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 2 2 Enter up to three more Damage Codes 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 8 8 Enter up to three more Damage Codes 3 4 5	1. Rear End	2. Slideswipe (same direction)	3. Left Turn	4. Right Angle
	Vehicle Towed: To CFBO	Vehicle Towed: To CFBO	5. Right Turn	6. Right Turn	7. Head On	8. Slideswipe (opposite direction)
	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		ACCIDENT DIAGRAM 			

26
2

27
1

28
1

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred THURSTON ROAD (Route Number or Street Name) at 1) intersecting street FLANDERS PLACE (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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29
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Accident Description/Officer's Notes V2 TURNING RIGHT ONTO FLANDERS PL FROM TRAVELING SB ON THURSTON RD. V1 THEN STRUCK V2 WHILE V2 ATTEMPTED TO COMPLETE THE TURN.

30
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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	23	F	-	-	-	-	-	-	-	CHRISTINA SMITH	-
B	2	1	4	1	44	F	-	-	-	-	-	-	-	VALERIE ELSAW	-
C															
D															
E															
F															

USE COVER SHEET
N

Officer's Rank and Signature PS. [Signature]	Badge/ID No. 1954	NCIC No. 02701	Precinct/Post Troop/Zone WEST	Station/Beat/Sector 53	Reviewing Officer DMS	Date/Time Reviewed 5/1/10
Print Name In Full THOMAS DEANE III						

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
16113 828

AMENDED REPORT DMV COPY

19
9

1	Accident Date Month: 4 Day: 13 Year: 2010	Day of Week Tuesday	Military Time 1344	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
	Accident Reconstructed <input type="checkbox"/>							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		5

2	VEHICLE 1 License ID Number: 532458121 State of Lic: NY				VEHICLE 2 Driver License ID Number: 805969478 State of Lic: NY				21
	Driver Name: Oliver-Moore, Teara, S				Driver Name: Jones, Tina, M				
	Address: 193 N. Union St. Apt. No.: -				Address: 15 Savannah St. Apt. No.: 16				22
	City/Town: Rochester State: NY Zip Code: 14605				City/Town: Rochester State: NY Zip Code: 14607				

3	Date of Birth: 7/30/90 Sex: F Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>				Date of Birth: 2/13/82 Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>				23
	Name: Oliver-Moore, Teara, S Sex: F Date of Birth: 7/30/90				Name: Chipembere, Nicole, L Sex: F Date of Birth: 2/10/78				5
	Address: 193 N. Union St. Apt. No.: - Haz. Mat. Code: - Released: <input type="checkbox"/>				Address: 709 Ramona St. Apt. No.: - Haz. Mat. Code: - Released: <input type="checkbox"/>				
4	City/Town: Rochester State: NY Zip Code: 14605				City/Town: Rochester State: NY Zip Code: 14615				24

5	Plate Number: EPL8251 State of Reg: NY Vehicle Year & Make: 1997 Pontiac Vehicle Type: 4D Ins. Code: 404	Plate Number: ONL6605 State of Reg: NY Vehicle Year & Make: 1999 CADILLAC Vehicle Type: 4D Ins. Code: 169	25
	1	1	5

6	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.	26
1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 2 Enter up to three more Damage Codes: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8 Box 2 - Most Damage: 8 Enter up to three more Damage Codes: 3 4 5	ACCIDENT DIAGRAM See above	1

7	Vehicle By Towed: CFBO	Vehicle By Towed: CFBO	9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27
	1	1	1	1

Reference Marker	Coordinates (if available) Latitude/Northing: - Longitude/Easting: -	Place Where Accident Occurred: County: MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred: THURSTON RD (Route Number or Street Name) at 1) intersecting street: 15 (Route Number or Street Name) or 2) 15 Feet <input checked="" type="checkbox"/> Miles <input type="checkbox"/> of MIOVALE TERRACE (Milepost, Nearest intersecting Route Number or Street Name)	28
			1

Accident Description/Officer's Notes: **VEHICLE 1 WAS HEADING SOUTHBOUND ON THURSTON RD AND WAS FOLLOWING BEHIND VEHICLE 2, WHICH WAS ALSO HEADING SOUTHBOUND ON THURSTON RD. VEHICLE 2 CAME TO A STOP DUE TO TRAFFIC AND VEHICLE 1 FAILED TO STOP STRIKING THE REAR OF VEHICLE 2. DRIVER OF VEHICLE 1 ONLY HAD A PERMIT AND NO LICENSED DRIVER IN THE VEHICLE. VEHICLE 2 HAD AN EXPIRED REGISTRATION (2/16/10).**

	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	19	F	-	-	-	-	-	-	-	TEARA S. OLIVER-MOORE	-
B	2	1	4	1	28	F	-	-	-	-	-	-	-	TINA M. JONES	-
C															
D															
E															
F															

Officer's Rank and Signature: S. CRECCA	Badge/ID No.: 1953	NCIC No.: 62701	Precinct/Post Troop/Zone: WEST	Station/Beat/Sector: SZ	Reviewing Officer: [Signature]	Date/Time Reviewed: 2/14/10
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29
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DMV FORM 104A (6/04)

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
10-113066

AMENDED REPORT

1	Accident Date Month: 4 Day: 12 Year: 2010	Day of Week MON	Military Time 1916	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number LSA	State of Lic. NY	VEHICLE 2 - Driver License ID Number PARKED	State of Lic. NY
	Driver Name - exactly as printed on license LSA	Apt. No.	Driver Name - exactly as printed on license PARKED	Apt. No.
	Address (Include Number & Street)	City or Town	Address (Include Number & Street)	City or Town

3	Date of Birth Month: 12 Day: 22 Year: 85	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
	Name - exactly as printed on registration SHIM, PRINCESS. S	Date of Birth Month: 12 Day: 22 Year: 85	Sex F	Address (Include Number & Street) 26 Barnum St	City or Town Rochester
	Address (Include Number & Street)	City or Town	State NY	Zip Code 14609	

4	Plate Number EW62975	State of Reg. NY	Vehicle Year & Make 03 Cadillac	Vehicle Type SUBV	Ins. Code 459
5	Ticket/Arrest Number(s)	Violation Section(s)	Check if involved vehicle is: <input type="checkbox"/> more than 85 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.		

6	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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7	Vehicle By Towed: To LSA	Vehicle By Towed: To CFBO	14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER
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28	Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 372 THURSTON (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ of _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: **veh 1 N/B Thurston at 372. When the vehicle impacts vehicle 2 in a same direction sideswipe. No one was able to provide a vehicle description other than a white work van / old ambulance type vehicle. No suspect description, no CCTV or city owned cameras or others.**

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A			X		X	X	-	-	-	-				LSA	
B															
C															
D															
E															
F															

Officer's Rank and Signature Off. [Signature]	Badge/ID No. 911975	NCIC No. 02701	Precinct/Post Troop/Zone W/3	Station/Beat Sector 5023	Reviewing Officer Sgt. [Signature]	Date/Time Reviewed 4-13-10/1941
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

19
60

Local Codes
10096558

AMENDED REPORT DMV COPY

1 Accident Date: Month 3, Day 30, Year 2010. Day of Week: Tuesday. Military Time: 1217. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Lost Scene: . Police Photos: Yes No. Accident Reconstructed: . VEHICLE 2. BICYCLIST. PEDESTRIAN. OTHER PEDESTRIAN.

2 VEHICLE 1 - Driver License ID Number: 259 722 611. Driver Name: Barber, John, F Jr. Address: 94 Battle Green Dr., Rochester, NY 14624. VEHICLE 2 - Driver License ID Number: 319 278 519. Driver Name: Douglas, Tony, N. Address: 199 Lady St., Rochester, NY 14611.

3 Date of Birth: 3/3/59, Sex: M, No. of Occupants: 2, Public Property Damaged: . Date of Birth: 10/27/53, Sex: M, No. of Occupants: 6, Public Property Damaged: . Name: Rochester; City; OF; Address: 945 Mt. Read, Rochester, NY 14606. Name: Rochester; Gen; Reg; Transportation; Apt; Address: 1372 E. Main St., Rochester, NY 14609.

4 City or Town: Rochester, NY 14606. City or Town: Rochester, NY 14609. Plate Number: L43079, State of Reg: NY, Vehicle Year & Make: 2003 FORD, Vehicle Type: Dump Truck, Ins. Code: 994. Plate Number: L13267, State of Reg: NY, Vehicle Year & Make: 2000 NEWFL, Vehicle Type: BUS, Ins. Code: 994.

5 Ticket/Arrest Number(s): -. Violation Section(s): -. Ticket/Arrest Number(s): -. Violation Section(s): -.

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

7 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1, Box 2 - Most Damage: 2. Enter up to three more Damage Codes: 3, 4, 5. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 12, Box 2 - Most Damage: 12. Enter up to three more Damage Codes: 3, 4, 5. Vehicle Towed: To CFBO. ACCIDENT DIAGRAM: See above.

8 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED. 15. TRAILER 18. NO DAMAGE. 16. OVERTURNED 19. OTHER. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No.

9 Reference Marker: -. Coordinates (if available): Latitude/Northing: -. Longitude/Easting: -. Place Where Accident Occurred: County: MONROE, City: ROCHESTER, Road on which accident occurred: Thurston Rd, at 1) intersecting street: Rosalind St., or 2) of: FEET MILES of (Milepost, Nearest Intersecting Route Number or Street Name).

10 Accident Description/Officer's Notes: Vehicle 1 is a City of Rochester parker dump truck. Vehicle 1 had a load of brush in the back of the truck. Vehicle 1 was heading northbound on Thurston Rd when some of the overhanging brush from the truck struck vehicle 2 which was heading southbound on Thurston Rd. Vehicle 2 is an RTS Bus and sustained only minor damage to the driver's side mirror. Vehicle 1 sustained no damage and the driver.

11 Names of all involved: A 1 1 4 - 51 M - - - - John F. Barber Jr. B 1 3 4 - 62 M - - - - Paul McGloly C 2 1 4 - 56 M - - - - Tony N. Douglas

12 Officer's Rank and Signature: S. C. Full Name: S. Crecca. Badge/ID No.: 1953. NCIC No.: 02701. Precinct/Post/Troop/Zone: west. Station/Beat/Sector: S2. Reviewing Officer: S. Crecca. Date/Time Reviewed: 9/24/10.

USE COVER SHEET

30
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
10096558

AMENDED REPORT DMV COPY

19

1	Accident Date Month: 3, Day: 30, Year: 2010	Day of Week Tuesday	Military Time 1217	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN 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	Apt. No.	Driver Name - exactly as printed on license	Apt. No.
	Address (Include Number & Street)	City or Town	Address (Include Number & Street)	City or Town

3	Date of Birth (Month, Day, Year)	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth (Month, Day, Year)	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration	Sex	Date of Birth (Month, Day, Year)	Name - exactly as printed on registration	Sex	Date of Birth (Month, Day, Year)
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5	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"/>
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6	City or Town	State	Zip Code	City or Town	State	Zip Code
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7	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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8	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)
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9	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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10	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM
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11	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more Damage Codes	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more Damage Codes
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12	Vehicle By Towed: To	Vehicle By Towed: To
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

13	Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____
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14	Longtitude/Easting:	Road on which accident occurred _____ (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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Accident Description/Officer's Notes: *didn't even realize that an accident had occurred. THE RTS BUS (vehicle 2) had 5 unknown passengers on board at the time of the accident. All had left prior to officers arrival.*

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature	<i>S. Crecca</i>	Badge/ID No.	1953	NCIC No.	02701	Precinct/Post Troop/Zone	West	Station/Beat/ Sector	52	Reviewing Officer	<i>Sgt. Joseph P. ...</i>	Date/Time Reviewed	<i>3/31/10</i>
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USE COVER SHEET

N

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
10-092917

AMENDED REPORT

1	Accident Date Month: 03, Day: 26, Year: 2010	Day of Week FR	Military Time 2331	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 Driver License ID Number: 333 953 462 Driver Name: ROBINSON ARTHUR, T Address: 359 MAGNOLIA ST City/Town: ROCHESTER, NY State: NY, Zip Code: 14611				VEHICLE 2 Driver License ID Number: 414 216 228 Driver Name: WRIGHT, KIMBERLY, K Address: 906 GLIDE ST City/Town: ROCHESTER, NY State: NY, Zip Code: 14606			
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3	Date of Birth: 07/26/73, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 04/08/85, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>
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4	Plate Number: EWF 3218, State of Reg: NY, Vehicle Year & Make: 1998 CHEV, Vehicle Type: 4DR	Ins. Code: 999	Plate Number: EWF 8370, State of Reg: NY, Vehicle Year & Make: 1997 GMC, Vehicle Type: LL	Ins. Code: 327
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5	Ticket/Arrest Number(s): /	Ticket/Arrest Number(s): /
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6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 7, 7 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 12, 12 Box 2 - Most Damage: 12, 12 Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM THURSTON RD SAWYER ST STOP SIGN
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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: County: MONROE, City/Village/Town: ROCHESTER Road on which accident occurred: THURSTON RD at 1) intersecting street: SAWYER ST or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: ON 3-26-10 AT 2331 HRS THE DRIVER OF VEH 1 STATES HE WAS NORTH BOUND ON THURSTON WHEN VEH #2 TRAVELING WEST BOUND ON SAWYER ST ATTEMPTED TO MAKE LEFT TURN ONTO SOUTH BOUND THURSTON. VEH #1 WHO HAD RIGHT OF WAY T-BONED VEH #2. VEH #2 STATED VEH #1 WAS TRAVELING FASTER THAN SHE ANTICIPATED.

	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	36	M	-	-	G	-	-	ROBINSON ARTHUR, T	
B	1	3	4	1	29	M	-	-	G	-	-	SCROGER, ROGER	
C	2	1	4	1	24	F	-	-	G	-	-	WRIGHT, KIMBERLY	
D	2	3	4	1	33	M	-	-	G	-	-	SINCLAIR, RICARDO	
E													
F													

Officer's Rank and Signature: A. Johnston	Badge/ID No.: 1785	NCIC No.: 02701	Precinct/Post Troop/Zone: WEST 52	Station/Beat/Sector: 708	Reviewing Officer: [Signature]	Date/Time Reviewed: 3/27/10 0627
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (8/04)

DMV COPY

Local Codes
10-083590

AMENDED REPORT

19
18

1	Accident Date Month: 03 Day: 19 Year: 10	Day of Week Fri.	Military Time 1149	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 License ID Number: 010152705	State of Lic.: LA	VEHICLE 2 License ID Number: -parked-	State of Lic.: -
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2	Driver Name - exactly as printed on license Kassem, Khalil M.	Driver Name - exactly as printed on license -
2	Address (Include Number & Street) 900 Riverside Dr.	Address (Include Number & Street) -

2	City or Town: Monroe, LA State: LA Zip Code: 71201	City or Town: - State: - Zip Code: -
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3	Date of Birth: 04/25/88 Sex: M Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1 Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: - Sex: - Unlicensed: <input type="checkbox"/>	No. of Occupants: - Public Property Damaged: <input type="checkbox"/>
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3	Name - exactly as printed on registration Yagoub, Muhammad	Name - exactly as printed on registration Nixon, James T.
3	Address (Include Number & Street) 56 Paddock Dr.	Address (Include Number & Street) 56 Hillendale St.

4	City or Town: Henrietta, NY State: NY Zip Code: 14467	City or Town: Rochester, NY State: NY Zip Code: 14621
---	--	--

5	Plate Number: EUN 8957 State of Reg.: NY Vehicle Year & Make: 07 Chev Vehicle Type: PAS Ins. Code: 100	Plate Number: EAN 4393 State of Reg.: NY Vehicle Year & Make: 04 Chev Vehicle Type: PAS Ins. Code: 011
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5	Ticket/Arrest Number(s): AAG0094150	Ticket/Arrest Number(s): -
5	Violation Section(s): 600-1a	Violation Section(s): -

6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 Box 2 - Most Damage: 5 6 Enter up to three more Damage Codes: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 9 10 Box 2 - Most Damage: - Enter up to three more Damage Codes: 3 4 5	Accident Diagram Thurston Rd.
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7	Vehicle Towed: C.F.B.O.	Vehicle Towed: C.F.B.O.
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7	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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28	Reference Marker	Coordinates (if available) Latitude/Northing: - Longitude/Easting: -	Place Where Accident Occurred: County: MONROE City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> Road on which accident occurred: 504 Thurston Rd. (Route Number or Street Name) at 1) intersecting street: - (Route Number or Street Name) or 2) 20 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Midway, Tex. Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)
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30	Accident Description/Officer's Notes V2 was parked unoccupied on the east side of Thurston Rd. facing north. V1 was emerging from a parking lot turning right (north). As V1 made the turn, it struck the rear driver-side fender/bumper/tailight of V2 causing extensive damage and breaking tailight. V1 continued driving north for nearly three blocks until uninvolved witness caught up to it. V1 driver stated that he did not know that he hit V2. W's M. M. 503-2486 / M. T. 353-7632
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BY	TO	Names of all Involved	Date of Death Only								
A	1	4	21	M	-	-	6	-	-	Kassem, Khalil M.	-
B	2	-	-	-	-	-	-	-	-	parked	-
C											
D											
E											
F											

Officer's Rank and Signature P.O. J. Scott	Badge/ID No. 800	NCIC No. 02701	Precinct/Post Troop/Zone W	Station/Beat/Sector 5212	Reviewing Officer S. R. [Signature]	Date/Time Reviewed 3-20-10 1105
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USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

10 0822 17

AMENDED REPORT

19
181

1	Accident Date Month: 03, Day: 18, Year: 2010	Day of Week Thursday	Military Time 1200	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/>
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2	VEHICLE 1 - Driver License ID Number: 723 505 933 Driver Name: Poole, Tyneshah, P. Address: 360 Seward St. City: Rochester, NY, Zip: 14608	VEHICLE 2 - Driver License ID Number: 370 458 494 Driver Name: Bethea, John Address: 30 Dunbar St. City: Rochester, NY, Zip: 14619
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3	Date of Birth: 08/13/82, Sex: F, No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 07/28/62, Sex: M, No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>
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4	Plate Number: EAM1467, State of Reg: NY, Vehicle Year & Make: 1997 Chrysler, Vehicle Type: 40, Ins. Code: 100	Plate Number: EPU5088, State of Reg: NY, Vehicle Year & Make: 2008 Ford, Vehicle Type: 40, Ins. Code: 253
---	---	---

6	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	VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1, Box 2 - Most Damage: 1, Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 3, Box 2 - Most Damage: 3, Enter up to three more Damage Codes: 4, 4, 5	ACCIDENT DIAGRAM: Includes handwritten diagram with labels 'Hillendale', 'Thurston Rd', and 'Point of Impact'.
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5	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER	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
---	---	---

29	Reference Marker: []	Coordinates (if available): Latitude/Northing: [], Longitude/Easting: []	Place Where Accident Occurred: County: MONROE, City: Rochester, Road on which accident occurred: Thurston Rd, at 1) intersecting street: Hillendale
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Accident Description/Officer's Notes: Vehicle 1 was on Hillendale going eastbound and attempting to make a left hand turn onto to Thurston Rd heading northbound. While vehicle 1 was making the left hand turn onto Thurston vehicle 1 struck vehicle 2 which was heading southbound on Thurston Rd. Driver 1 stated that she stopped and looked for vehicles, but never saw vehicle 2 until and she started to make her turn. There were a lot of parked vehicles

	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	27	F	1,4,7	-	6	10971ET	2706	Tyneshah P. Poole	-		
B	1	3	1	1	51	F	1,4	-	6	10971ET	2706	Karen Felton	-		
C	2	1	4	1	47	M	-	-	6	-	-	John Bethea	-		
D															
E															
F															

Officer's Rank and Signature: S. C.	Badge/ID No.: 1953	NCIC No.: 02701	Precinct/Post Troop/Zone: W	Station/Beat Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 3/19/2010
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET

Local Codes
10082217

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

DMV COPY

19

1	Accident Date Month: 03, Day: 18, Year: 2010	Day of Week Thursday	Military Time 1200	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - 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	Zip Code

3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
Name - exactly as printed on registration					Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration				

4	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"/>	24
City or Town				State	Zip Code	City or Town				State	Zip Code				
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code						

5	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)	25
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6	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.			25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM			26
Vehicle Towed: By _____ To _____		Vehicle Towed: By _____ To _____		9.		

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (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) Feet _____ Miles _____	29
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Accident Description/Officer's Notes: on Thurston Rd that may have limited Driver 1's view of Thurston Rd. One witness Marlene McKinley 436-7108 stated that Vehicle 2 was driving faster than the speed limit. A second witness Stephen Bryant 287-0656 stated that he saw Vehicle 1 make a quick left turn and strike vehicle 2. Vehicle 1 passenger was not wearing a seat belt, but was attempting to put it on, just prior to the accident.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name In Full	S. C. S. Crecca	Badge/ID No. 1953	NCIC No. 0270	Precinct/Post Troop/Zone W	Station/Beat/ Sector 52	Reviewing Officer <i>[Signature]</i>	Date/Time Reviewed 3/19/2010 1005
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-390232
FQ7132000143

UNAMENDED REPORT AMENDED REPORT

19
7

1 Accident Date: Month 12, Day 13, Year 2011. Day of Week: Tuesday. Military Time: 07:33. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 VEHICLE 1: License ID Number 207406892, State of Lic. NY. VEHICLE 2: License ID Number 109156100, State of Lic. NY.

Driver Name - exactly as printed on license: MORRISON, BRITTANY O (VEHICLE 1); GRIFFIN, MICHAEL J (VEHICLE 2).

Address (Include Number and Street): 66A INDEPENDENCE ST, ROCHESTER, NY 14611 (VEHICLE 1); 182 1/2 SPRUCE AVE, ROCHESTER, NY 14611 (VEHICLE 2).

3 Date of Birth: 11/9/1982, Sex F, Unlicensed (VEHICLE 1); 11/23/1965, Sex M, Unlicensed (VEHICLE 2).

Name - exactly as printed on registration: MORRISON, BRITTANY O (VEHICLE 1); GRIFFIN, MICHAEL J (VEHICLE 2).

4 Address (Include Number and Street): 66A INDEPENDENCE ST, ROCHESTER, NY 14611 (VEHICLE 1); 182 1/2 SPRUCE AVE, ROCHESTER, NY 14611 (VEHICLE 2).

5 Plate Number: EWP5038, State of Reg. NY, Vehicle Year & Make 2008 JEEP, Vehicle Type SUBN, Ins. Code 100 (VEHICLE 1); FRA9298, State of Reg. NY, Vehicle Year & Make 1996 FORD, Vehicle Type PICK, Ins. Code (VEHICLE 2).

6 Violation Section(s): (VEHICLE 1); (VEHICLE 2).

7 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 DAMAGE CODING: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 1: Box 1 (12, 12), Box 2 (1, 3, 4, 5). VEHICLE 2: Box 1 (5, 5), Box 2 (7, 7, 4, 3).

8 ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No.

9 Reference Marker, Coordinates (if available), Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred THURSTON RD, at 1) intersecting street 100 feet miles of FLANDERS ST.

10 Accident Description/Officer's notes: D1 OF V1 SAID SHE WAS EXITING A PARKED POSITION ON THE WEST SIDE OF THURSTON RD AND HEADING SB. D2 OF V2 SAID HE HAD JUST TURNED LEFT SB ON TO THURSTON RD, AND V1 PULLED OUT FROM THE PARKED POSITION AND STRUCK HIS PASSENGER SIDE DOOR. D1 SAID THAT SHE DID NOT SEE V2 COMING DOWN THURSTON AND THOUGHT HER WAY WAS CLEAR TO PULL OUT. NO INJURIES AND BOTH VEHICLES DRIVEABLE. V2 HAS NATIONAL INSURANCE CODE #704 (NOT LISTED IN TRACS).

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	29	F	-	-	-			MORRISON, BRITTANY O	
B	2	1	4	1	46	M	-	-	-			GRIFFIN, MICHAEL J	
C													
D													
E													
F													

Officer's Rank and Signature: Officer Bryan J Munson. Badge/ID No. 1399. NCIC No. 02701. Preinct/Post Troop/Zone: ---. Station/Beat Sector: ---. Reviewing Officer: Joseph, David A. Date/Time Reviewed: 12/22/2011 14:28.

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-390232
FQ7132000143

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Tuesday	07:33	2	0	0	Accident Reconstructed <input type="checkbox"/>		
12	13	2011								



THURSTON RD



FLANDERS ST

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-379510
FQ7126000148

AMENDED REPORT

19
7

1 - Accident Date: Month 12, Day 2, Year 2011. Day of Week: Friday. Military Time: 11:59. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 144313956. State of Lic. NY. Driver Name: FULLER, FREDERICKA. VEHICLE 2 - Driver License ID Number: 124222632. State of Lic. NY. Driver Name: SNOWDEN, BREANNA N.

Address (Include Number and Street): 5 SECOND ST. Apt. No. 612 BROOKS AVE.

City or Town: ROCHESTER. State: NY. Zip Code: 14606. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 - Date of Birth: Fuller (6/1/1940), Snowden (1/4/1993). Sex: F. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: FULLER, FREDERICKA; SNOWDEN, BREANNA N. Date of Birth: Fuller (6/1/1940), Snowden (1/4/1993). Sex: F. Haz. Mat. Code: . Released: .

Address (Include Number and Street): 5 SECOND ST; 612 BROOKS AVE. City or Town: ROCHESTER; ROCHESTER. State: NY; NY. Zip Code: 14606; 14619.

Plate Number: DTN4439; FLG6353. State of Reg. NY; NY. Vehicle Year & Make: 2006 CHEV; 2000 NISS. Vehicle Type: 4DSD; 4DSD. Ins. Code: 230; 626.

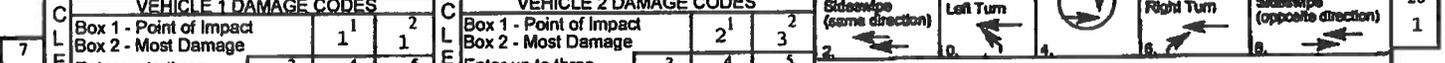
5 - Ticket/Arrest Number(s): 1. Violation Section(s):

6 - 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 (1, 2), Box 2 - Most Damage (1, 2). Enter up to three more damage codes (1, 4, 5).

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact (2, 3), Box 2 - Most Damage (2, 3). Enter up to three more damage codes (2, 3, 4).

Vehicle By: EXCEL TOWING. Towed To: EXCEL TOWING. VEHICLE DAMAGE CODING: 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER.



See the last page of the MV-104A for the 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: County MONROE, City Village Town of ROCHESTER, Road on which accident occurred 501 THURSTON ROAD, at 1) intersecting street SAWYER ST, or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name).

Accident Description/Officer's notes: V1 WAS ON SAWYER ST IN A WESTBOUND DIRECTION AT THE STOP SIGN AT THURSTON RD. V1 WAS ATTEMPTING TO TURN LEFT ONTO THURSTON RD IN A SOUTHBOUND DIRECTION WHEN V1 STRUCK V2. V2 WAS DRIVING NORTHBOUND ON THURSTON RD APPROACHING THE INTERSECTION OF SAWYER ST. V2 WAS DRIVING STRAIGHT AHEAD WHEN V1 STRUCK V2. DRIVER OF V1 STATED SHE WAS ATTEMPTING TO TURN SOUTHBOUND ON THURSTON RD FROM SAWYER ST AND LOOKED BOTH WAYS BEFORE SHE PULLED OUT AND HIT V2. DRIVER OF V1 STATED SHE DID NOT SEE V2. DRIVER OF V2 STATED SHE WAS GOING STRAIGHT

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: OFFICER Whitney Gill. Badge/ID No. 2226. NCIC No. 02701. Precinct/Post Troop/Zone W52. Station/Beat Sector. Reviewing Officer: Joseph, David A. Date/Time Reviewed: 12/4/2011 13:56.

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-379510
FQ7126000148

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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
	Month: 12, Day: 2, Year: 2011	Friday	11:59	2	0	0	Accident Reconstructed <input type="checkbox"/>			

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - 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 and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
City or Town		State	Zip Code	22	

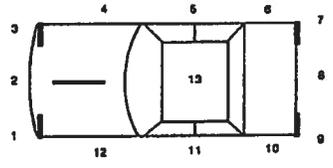
3	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Month: , Day: , Year:					Month: , Day: , Year:					
	Name - exactly as printed on registration		Sex	Date of Birth	Name - exactly as printed on registration		Sex	Date of Birth			

4	Address (Include Number and Street)	Apt. No.	Haz Mat Code	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz Mat Code	Released <input type="checkbox"/>	24
	City or Town		State	Zip Code	City or Town		State	Zip Code	
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	

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

6	Check if involved vehicle is:	Check if involved vehicle is:	26
	<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.	

7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	27
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	



Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W	

Accident Description/Officer's notes
 AHEAD NORTHBOUND ON THURSTON RD WHEN V1 PULLED OUT IN FRONT OF HER CAUSING THEM TO HIT. V2 HAD THE RIGHT OF WAY AND V1 SHOULD HAVE YIELDED TO TRAFFIC ON THURSTON RD, INCLUDING V2. V2'S FRONT AIRBAGS DID DEPLOY. ACCORDING TO DRIVER OF V2 DID SUSTAIN MINOR FACIAL INJURIES, BUT REFUSED MEDICAL TREATMENT. I OBSERVED A SWOLLEN LIP AS WELL AND A MINOR SCRAPE TO DRIVER OF V2'S CHIN FROM THE AIRBAG DEPLOYING. NO OTHER INJURIES WERE OBSERVED OR REPORTED AT THE SCENE. AN AMBULANCE DID RESPOND, BOTH DRIVERS WERE CHECKED BY THE CREW AND REFUSED TO GO

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature	OFFICER <i>Whitney Gill</i>	Badge/ID No.	2226	NCIC No.	02701	Precinct/Post Troop/Zone	W52	Station/Beat Sector		Reviewing Officer	Joseph, David A	Date/Time Reviewed	12/4/2011 13:56
Print Name in Full	WHITNEY GILL												

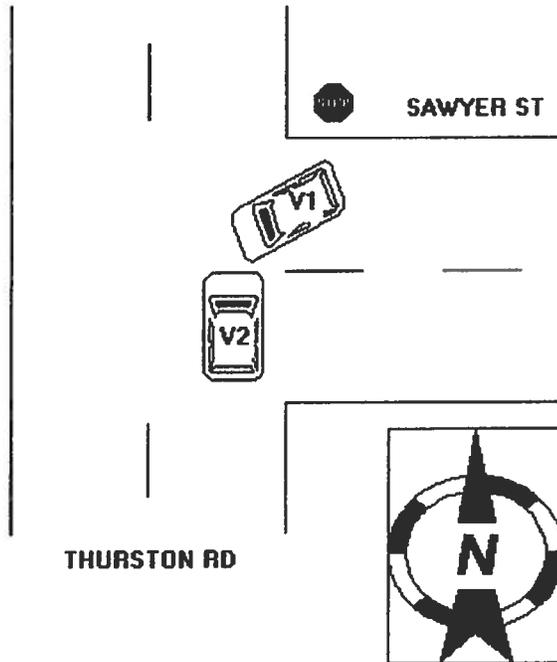
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-379510
FQ7126000148

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	11:59	2	0	0	Accident Reconstructed <input type="checkbox"/>		
12	2	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-365477
FQ7132000132

AMENDED REPORT

19
7

1 - Accident Date: Month 11, Day 18, Year 2011. Day of Week: Friday. Military Time: 13:39. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 669038497. State of Lic. NY. Driver Name: KEELS, SHANIQUE. VEHICLE 2 - Driver License ID Number: 849613988. State of Lic. UN. Driver Name: CHERRY III, STEVE.

Address (include Number and Street): 69 ARDMORE ST. Apt. No. Address (include Number and Street): 223 CONGRESS AVE. Apt. No.

City or Town: ROCHESTER. State: NY. Zip Code: 14611. City or Town: ROCHESTER. State: NY. Zip Code: 14611.

3 - Date of Birth: Month 6, Day 13, Year 1976. Sex: F. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . Date of Birth: Month 2, Day 25, Year 1988. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: WILLIAMS, GLORY S. Sex: F. Date of Birth: Month 9, Day 15, Year 1954. Name - exactly as printed on registration: KNIGHT-CHERRY, S. Sex: F. Date of Birth: Month 2, Day 19, Year 1960.

Address (include Number and Street): 73 SUPERIOR ST. Apt. No. Haz. Mat. Code: - . Released: . Address (include Number and Street): 223 CONGRESS AVE. Apt. No. Haz. Mat. Code: - . Released: .

City or Town: ROCHESTER. State: NY. Zip Code: 14611. City or Town: ROCHESTER. State: NY. Zip Code: 14611.

Plate Number: EPK7881. State of Reg. NY. Vehicle Year & Make: 1996 DODG. Vehicle Type: 4DSD. Ins. Code: 240. Plate Number: DSK4827. State of Reg. NY. Vehicle Year & Make: 2007 DODG. Vehicle Type: 4DSD. Ins. Code: 639.

5 - Ticket/Arrest Number(s): 713200FFFQ. Ticket/Arrest Number(s): 713200FGFQ.

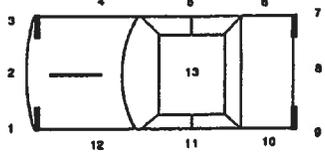
Violation Section(s): 1143. Violation Section(s): 5091.

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

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2, 2. Box 2 - Most Damage: 2. Enter up to three more damage codes: 1, 3, 5. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1, 2. Box 2 - Most Damage: 1, 2. Enter up to three more damage codes: 10, 11, 5.

7 - Vehicle Bv: 454. Towed: To: 454. Vehicle Bv: 454. Towed: To: 454.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED. 15. TRAILER 18. NO DAMAGE. 16. OVERTURNED 19. OTHER.



ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

9. 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: County MONROE. City Village Town of ROCHESTER.

Road on which accident occurred THURSTON RD. (Route Number or Street Name). at 1) intersecting street MILTON ST. (Route Number or Street Name). or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name).

30 - Accident Description/Officer's notes: D1 OF V1 WAS WB ON MILTON STREET TOWARDS THURSTON. D2 OF V2 WAS SB ON THURSTON RD. D1 OF V1 FAILED TO YIELD RIGHT OF WAY AND STRUCK THE DRIVER SIDE OF V2. WITNESS STATED HE BELIEVED THAT V1 RAN THE STOP SIGN AT THURSTON AND MILTON. NO INJURIES. V1 TOWED DUE TO LEAKING FLUIDS. V2 DROVE AWAY. D2 UNLICENSED, AND D1 TICKETED FOR FAILURE TO YIELD RIGHT OF WAY. WITNESS #1 - WILLIE LIGHTFOOT ROCHESTER NY (585) 737-6152 Ext.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: Officer Bryan J Munson. Badge/ID No. 1399. NCIC No. 02701. Precinct/Post Troop/Zone: ---. Station/Beat Sector: ---. Reviewing Officer: Joseph, David A. Date/Time Reviewed: 11/28/2011 14:48.

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-365477
FQ7132000132

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	13:39	2	0	0	Accident Reconstructed <input type="checkbox"/>		
11	18	2011								

thurston



milton

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-365218
FQ7132000131

AMENDED REPORT

19
7

1 - Accident Date: Month 11, Day 18, Year 2011. Day of Week: Friday. Military Time: 08:57. No. of Vehicles: 2. No. Injured: 2. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 250248021. State of Lic: UN. Driver Name: HILLS, ANTUANE D. VEHICLE 2 - Driver License ID Number: 783890740. State of Lic: NY. Driver Name: BROWN, SHANE A.

Address (Include Number and Street): VEHICLE 1: 25 HILLEDALE ST. VEHICLE 2: 166 MILLBANK ST.

City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 - Date of Birth: VEHICLE 1: Month 3, Day 31, Year 1984. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . VEHICLE 2: Month 5, Day 19, Year 1988. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: VEHICLE 1: GORDON, LUCIA L. Sex: F. Date of Birth: Month 9, Day 20, Year 1985. VEHICLE 2: EAN HOLDINGS, Inc. Sex: . Date of Birth: .

Address (Include Number and Street): VEHICLE 1: 282 RAND ST. VEHICLE 2: 1300 BROOKS AVE.

City or Town: ROCHESTER. State: NY. Zip Code: 14615.

Plate Number: VEHICLE 1: DKZ3065. State of Reg: NY. Vehicle Year & Make: 2009 FORD. Vehicle Type: SUBN. Ins. Code: 011. VEHICLE 2: FSR5091. State of Reg: NY. Vehicle Year & Make: 2012 CHEV. Vehicle Type: 4DSD. Ins. Code: 993.

5 - Ticket/Arrest Number(s): VEHICLE 1: 713200F9FQ, 713200FBFQ, 713200FCFQ. VEHICLE 2: .

Violation Section(s): VEHICLE 1: 5113A, 5091, 6002A. VEHICLE 2: .

6 - 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.

7 - VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1, 2, 3, 4, 5, 6. Box 2 - Most Damage: 3, 4, 5, 6. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1, 2, 3, 4, 5, 6. Box 2 - Most Damage: 1, 3, 4, 5, 6.

Vehicle By: 452. Towed To: POUND.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

Reference Marker: . Coordinates (if available): . Place Where Accident Occurred: County MONROE. City Village Town of ROCHESTER. Road on which accident occurred THURSTON RD. at 1) intersecting street BROOKS AVENUE. or 2) .

Accident Description/Officer's notes: D1 OF V1 WAS MAKING A LEFT TURN AT THE YELLOW LIGHT HEADING SB ON THURSTON RD. D1 OF V1 WAS GOING STRAIGHT NB ON THURSTON CROSSING BROOKS AVENUE AT THE YELLOW LIGHT. V1 FAILED TO YIELD THE RIGHT OF WAY TO V2, AND WAS STRUCK ON THE PASSENGER SIDE, AND PUSHED THROUGH THE INTERSECTION AND CAME TO REST AT THE CURB. AIRBAGS DEPLOYED ON BOTH VEHICLES. MAJOR DAMAGE TO BOTH VEHICLES. D2 WAS UNLICENSED, AUO1ST, AND LEFT THE SCENE ON FOOT. CITY CAMERA HAS FOOTAGE OF SUSPECT LEAVING. EXTENT OF INJURY TO D2 WAS UNKNOWN AT TIME OF REPORT DUE TO D2

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: Officer Bryan J Munson. Badge/ID No: 1399. NCIC No: 02701. Precinct/Post Troop/Zone: ----. Station/Beat Sector: --. Reviewing Officer: Joseph, David A. Date/Time Reviewed: 11/28/2011 14:48.

ALL INVOLVED

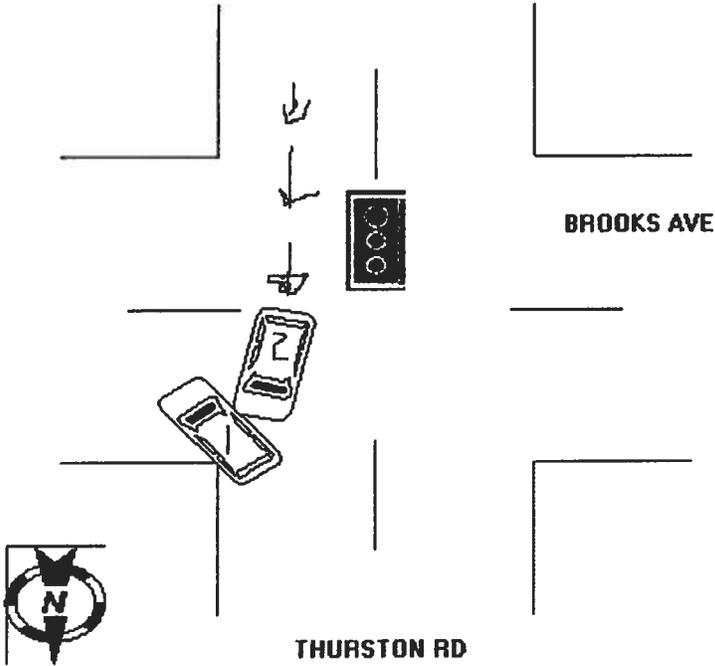
USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-365218
FQ7132000131

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 checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Friday	08:57	2	2	0	Accident Reconstructed <input type="checkbox"/>		
11	18	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-365993
FQ701500007

AMENDED REPORT

19
17

1 Accident Date: Month 11, Day 18, Year 2011. Day of Week: Friday. Military Time: 07:02. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No.

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number: LSA. State of Lic.: [blank]. VEHICLE 2 - Driver License ID Number: 523437231. State of Lic.: NY. Driver Name - exactly as printed on license: LSA, GRIFFITH, LISA J.

Address (Include Number and Street): LSA, 507 BROOKS AV. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 Date of Birth: LSA, [blank]. Sex: [blank]. Unlicensed: . No. of Occupants: UN. Public Property Damaged: . VEHICLE 2: Date of Birth: GRIFFITH, LISA J. Sex: F. Unlicensed: . No. of Occupants: 03. Public Property Damaged: .

Name - exactly as printed on registration: LSA, GRIFFITH, LISA J. Date of Birth: [blank], 1987.

4 Address (Include Number and Street): LSA, 507 BROOKS AV. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

5 Plate Number: UNKNOWN. State of Reg.: NY. Vehicle Year & Make: 2007 CHRY. Vehicle Type: SUBN. Ins. Code: 000.

1 Ticket/Arrest Number(s): [blank]. Violation Section(s): [blank].

6 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER.

VEHICLE DAMAGE CODING: 1. Point of Impact. 2. Most Damage. Enter up to three more damage codes.

7 VEHICLE DAMAGE CODING: 1. Point of Impact. 2. Most Damage. Enter up to three more damage codes.

1 Vehicle Bv.: [blank]. Towed To: [blank].

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER.

VEHICLE DAMAGE CODING: 1. Point of Impact. 2. Most Damage. Enter up to three more damage codes.

1 Vehicle Bv.: [blank]. Towed To: [blank].

Reference Marker: [blank]. Coordinates (if available): [blank]. Latitude/Northing: [blank]. Longitude/Easting: [blank].

Place Where Accident Occurred: County MONROE. City Village Town of ROCHESTER. Road on which accident occurred: BROOKS AV. at 1) intersecting street THURSTON RD. or 2) [blank] miles of [blank] (Milepost, Nearest Intersecting Route Number or Street Name).

Accident Description/Officer's notes: V2 WAS W/B ON BROOKS AV AT THURSTON RD. D2 STATES THAT V1 WAS S/B ON THURSTON RD AT BROOKS AV. D2 STATES THAT V1 RAN A RED LIGHT AND STRUCK HER VEHICLE AS SHE WAS PROCEEDING THROUGH THE INTERSECTION WITH A GREEN LIGHT. V1 DID NOT STOP AND CONTINUED S/B ON THURSTON RD. D2 DESCRIBED V1 AS A WHITE CAR, POSSIBLY A WHITE CHEVROLET COBALT BEARING NJ#DYA5314. THAT REGISTRATION RETURNS NOT ON FILE. NO INJURIES REPORTED OR OBSERVED. MINOR DAMAGE TO V2, UNKNOWN DAMAGE TO V1.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: Officer Jason Baird. Badge/ID No.: 2029. NCIC No.: 02701. Precinct/Post Troop/Zone: [blank]. Station/Beat Sector: [blank]. Reviewing Officer: Baird, Jason. Date/Time Reviewed: 11/22/2011 21:45.

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

AMENDED REPORT

Accident Date: 11/13/2011, Day of Week: Sunday, Military Time: 00:46, No. of Vehicles: 2, No. Injured: 1, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [X], Police Photos: [X] Yes [] No

VEHICLE 1: Driver License ID Number 363881826, State of Lic. NY, Driver Name HOUSTON, KASHIA, Address 301 CHAMPLAIN ST, City ROCHESTER, State NY, Zip Code 14608

VEHICLE 2: Driver License ID Number 875255024, State of Lic. NY, Driver Name ARGRO, SHERRY, Address 20 SHELDON TE, City ROCHESTER, State NY, Zip Code 14619

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles.

Name - exactly as printed on registration, Sex, Date of Birth for both vehicles.

Address (Include Number and Street), Apt. No., City or Town, State, Zip Code for both vehicles.

Plate Number, State of Reg, Vehicle Year & Make, Vehicle Type, Ins Code for both vehicles.

Ticket/Arrest Number(s), Violation Section(s) for both vehicles.

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, VEHICLE 2 DAMAGE CODES

Enter up to three more damage codes for both vehicles.

Vehicle Bv, Towed To for both vehicles.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER



Cost of repairs to any one vehicle will be more than \$1000. [X] Unknown/Unable to determine [] Yes [] No

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting

Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred 530 THURSTON RD

at 1) intersecting street, or 2) 30 feet miles of ENTERPRISE ST

Accident Description/Officer's notes: UNIT 3 WAS HEADING NB ON THURSTON RD. UNIT 3 PARKED IN A LEGAL PARKING SPOT IN FRONT OF 530 THURSTON RD ON THE EASTSIDE OF THE STREET.

UNIT 2 (PEDESTRIAN) WAS GETTING OUT OF HER VEHICLE (UNIT 3) ALONG WITH PASSENGERS 1,2,3. UNIT 1 WAS HEADING NB ON THURSTON RD. UNIT 2 (PEDESTRIAN) WAS OUTSIDE HER VEHICLE (UNIT 3) BY THE DRIVER'S SIDE DOOR. UNIT 1 STRUCK UNIT 2 (PEDESTRIAN) WITH THE RIGHT FRONT OF UNIT1. UNIT 2 WAS CRUSHED BETWEEN UNIT 1 AND UNIT 3. IT DOES NOT APPEAR THE UNIT 1 ACTUALLY STRUCK UNIT 3. THE DAMAGE TO UNIT3 WAS CAUSED BY UNIT

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Officer's Rank and Signature: Officer Matthew Williamson, Badge/ID No. 2200, NCIC No. 02701, Station/Beat Sector, Reviewing Officer: Rodriguez, Juan M, Date/Time Reviewed: 11/14/2011 00:21

ALL INVOLVED

19 2

20 4

21 -

22 X

23 1

24

25 1

26 -

27 1

28 1

29 2

30 2

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

AMENDED REPORT

1	Accident Date Month: 11, Day: 13, Year: 2011	Day of Week Sunday	Military Time 00:46	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
	VEHICLE 3							<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		X

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license PARKED,		Driver Name - exactly as printed on license		
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	City or Town	State	City or Town	State	22

3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants 03	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Name - exactly as printed on registration ARGRO, SHERRY					Name - exactly as printed on registration					1

4	Address (Include Number and Street) 20 SHELTON TE	Apt. No.	Haz Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz Mat. Code	Released <input type="checkbox"/>	24
	City or Town ROCHESTER	State NY	Zip Code 14619		City or Town	State	Zip Code		

5	Plate Number SHAYROCK	State of Reg. NY	Vehicle Year & Make 2010 MITS	Vehicle Type PED	Ins. Code 100	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					10
	Violation Section(s)					Violation Section(s)					

6	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.	VEHICLE DAMAGE CODES	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.	VEHICLE DAMAGE CODES	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26			
7	Box 1 - Point of Impact	1	2	Box 2 - Most Damage	3	4	5	ACCIDENT DIAGRAM	27
	Enter up to three more damage codes	3	4	5	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No				28

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W	29
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Accident Description/Officer's notes
2 (PEDESTRIAN) STRIKING THE CAR WITH HER BODY. UNIT 1 DID NOT STOP, AND DROVE NB ON THURSTON RD. UNIT 2 WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO WITH HEAD AND INTERNAL TRAUMA. (SEE DEPOSITION FROM WITNESS TIFFANY OWENS) WHO WITNESSED UNIT 1 HIT UNIT 2 AND DRIVE OFF; SHE ALSO FOLLOWED UNIT 1 AND CALLED 911 WITH LOCATION OF UNIT 1.) OFFICERS DID LOCATE UNIT 1 AND THE DRIVER OF UNIT 1 AT 301 CHAMPLAIN ST A SHORT TIME AFTER. SEE IA OF OFC J.LATHROP 2039. SEE IA FROM B.MCCARTHY 2194 WHO TOOK DEPOSITION FROM

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature Officer <i>Matthew Williamson</i>	Badge/ID No. 2200	NCIC No. 02701	Precinct/Post Troop/Zone ---	Station/Beat Sector --	Reviewing Officer Rodriguez, Juan M	Date/Time Reviewed 11/14/2011 00:21
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

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"/>	20
	Month	Day	Year	Sunday	00:46	2	1	0	Accident Reconstructed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE						<input type="checkbox"/> VEHICLE <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.	21	
	Driver Name - exactly as printed on license					Driver Name - exactly as printed on license						
	Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.		
City or Town				State	Zip Code	City or Town				State	Zip Code	22

3	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"/>	23	
	Month	Day	Year			Month	Day	Year				
	Name - exactly as printed on registration				Sex	Date of Birth	Name - exactly as printed on registration					Sex
Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	24
City or Town				State	Zip Code	City or Town				State	Zip Code	24

4	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)					Violation Section(s)					

5	Check if involved vehicle is:					Check if involved vehicle is:					26
	<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.					

6	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					27
	Box 1 - Point of Impact	1	2	3	4	5	Box 2 - Most Damage	1	2	3	

7	VEHICLE 1		VEHICLE 2		28
	Vehicle Bv:	Towed To:	Vehicle Bv:	Towed To:	

VEHICLE DAMAGE CODING:			9 Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No
1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER			

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
		feet miles E W

Accident Description/Officer's notes
 WITNESS DEPOSITION FROM PASSENGER 3 WAS TAKEN BY M.WILLIAMSON 2200 TECHNICIAN 6841
 PROCESSED THE SCENE
 ADDITIONAL TICKETS FOR DRIVER #1 - CA04000RFQ, 5091 / CA04000TFQ, 1225
 WITNESS #1 - TIFFANY OWENS 71 ALBERTA ST ROCHESTER NY (585) 354-1309 Ext.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													
Officer's Rank and Signature	Officer <i>Matthew Williamson</i>			Badge/ID No.	NCIC No.	Preinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed				
Print Name	Matthew Williamson			2200	02701	---	--	Rodriguez, Juan M	11/14/2011 00:21				

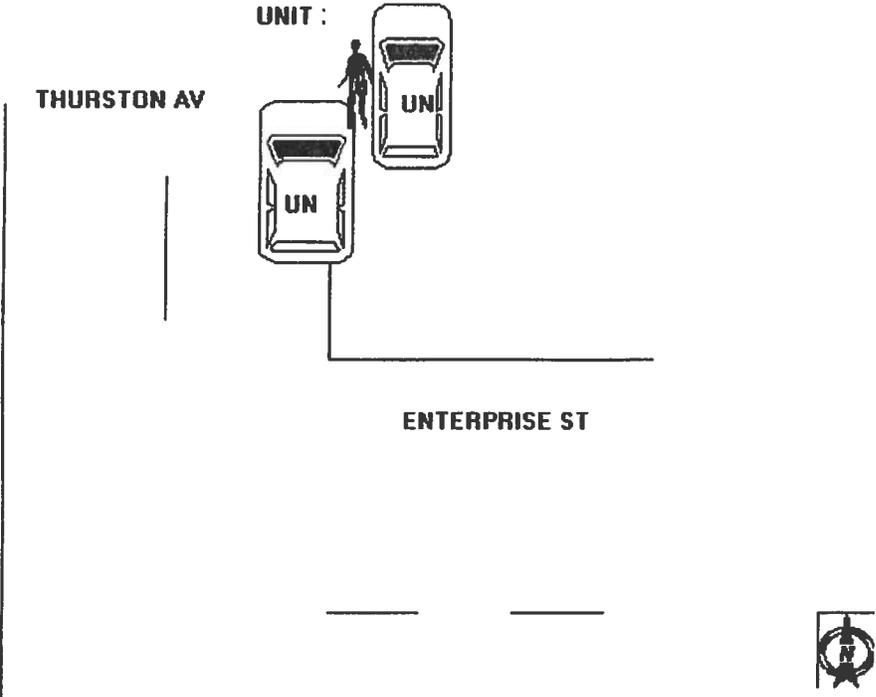
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-359621
FQ7232000107

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"/> Yes <input type="checkbox"/> No
Month	Day	Year	Sunday	00:46	3	1	0	Accident Reconstructed <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11	13	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-352238
FQ8004000036

AMENDED REPORT

19
18

1 - Accident Date: Month 11, Day 6, Year 2011. Day of Week: Sunday. Military Time: 01:02. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 - VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN 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: LSA, PARKED.

2 - Address (Include Number and Street), Apt. No. City or Town, State, Zip Code.

3 - Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged. VEHICLE 1: UN, 00. VEHICLE 2: 00.

3 - Name - exactly as printed on registration. VEHICLE 1: LSA. VEHICLE 2: CULVER, NELLIE M. Sex: F. Date of Birth: 2/5/1954.

4 - Address (Include Number and Street), Apt. No., Haz. Mat. Code, Released. VEHICLE 2: 505 THURSTON RD, ROCHESTER, NY 14619.

5 - Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code. VEHICLE 1: UNKNOWN. VEHICLE 2: ECZ1540, NY, 1993 GEO, 4DSD, 382.

5 - Ticket/Arrest Number(s), Violation Section(s).

6 - 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.

7 - VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes.

7 - VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes.

7 - Vehicle Bv: Towed To: OWNER. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

7 - VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER.

7 - Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting. Place Where Accident Occurred: County MONROE, City of ROCHESTER. Road on which accident occurred: 501 THURSTON RD.

7 - Accident Description/Officer's notes: V2 WAS PARKED UNOCCUPIED ON THE WEST SIDE OF THE STREET FACING SOUTHBOUND IN FRONT OF 501 THURSTON RD. V1 WAS TRAVELLING W/B ON SAWYER ST AND FAILED TO NEGOTIATE THE TURN AT THE INTERSECTION OF THURSTON RD/SAWYER ST. V1 CONTINUED W/B THRU THE INTERSECTION STRIKING V2 CAUSING THE REAR OF V2 TO JUMP THE CURB AND STRIKE A LIGHT POLE. V1 THEN LEFT THE SCENE AND DROVE N/B ON THURSTON RD THEN E/B ON FLANDERS ST. V1 WAS DESCRIBED AS A DARK COLORED MINI VAN. NO FURTHER DESCRIPTION.

8 - Names of all involved, Date of Death Only.

8 - Officer's Rank and Signature, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer, Date/Time Reviewed.

8 - Print Name in Full: Shane Disanto. Badge/ID No.: 2031. NCIC No.: 02701. Reviewing Officer: Jones, Michael P. Date/Time Reviewed: 11/7/2011 01:06.

8 - ALL INVOLVED table with columns for names and dates.

8 - ALL INVOLVED table with columns for names and dates.

8 - ALL INVOLVED table with columns for names and dates.

8 - ALL INVOLVED table with columns for names and dates.

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8 - ALL INVOLVED table with columns for names and dates.

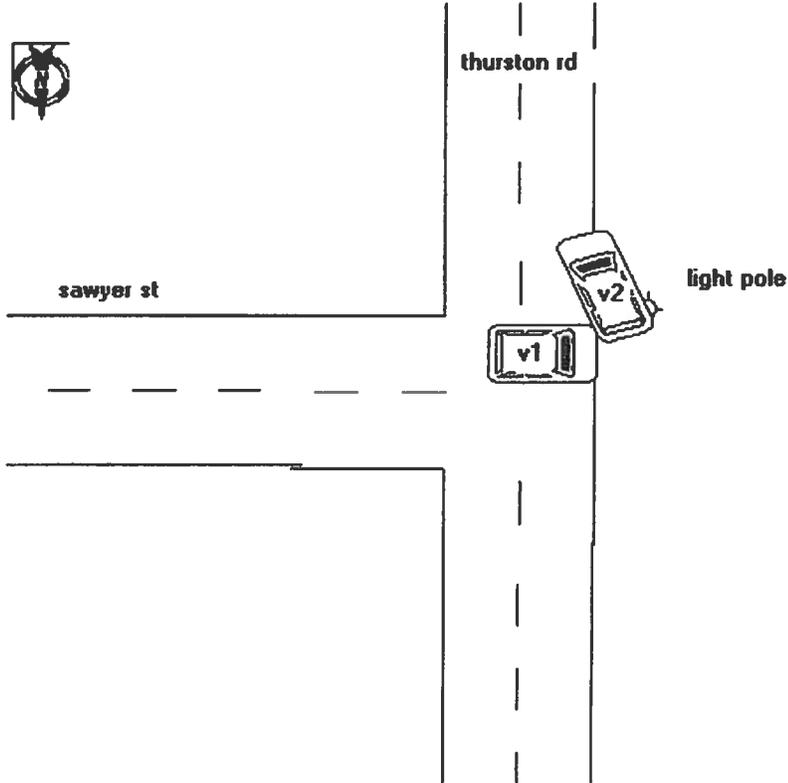
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-352238
FQ8004000036

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 checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Sunday	01:02	2	0	0	Accident Reconstructed <input type="checkbox"/>		
11	6	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-348316
FQPR0200007

AMENDED REPORT

19
69

1 Accident Date: Month 11, Day 2, Year 2011. Day of Week: Wednesday. Military Time: 13:14. No. of Vehicles: 2. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: .

2 VEHICLE 1: VEHICLE 2: BICYCLIST: PEDESTRIAN: OTHER PEDESTRIAN:

3 VEHICLE 1 - Driver License ID Number: 844707521. State of Lic. NY. Driver Name: SCOTT, JIMMY B. VEHICLE 2 - Driver License ID Number: 783890740. State of Lic. NY. Driver Name: BROWN, SHANE A.

4 Address (Include Number and Street): 36 HOBART ST, ROCHESTER, NY 14611. Apt. No. 179 KINGSBORO ST, ROCHESTER, NY 14619.

5 Date of Birth: Month 11, Day 20, Year 1963. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . VEHICLE 2: Month 5, Day 19, Year 1988. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

6 Name - exactly as printed on registration: SCOTT, JIMMY B. Sex: M. Date of Birth: Month 11, Day 20, Year 1963. VEHICLE 2: BROWN, SONIA A. Sex: F. Date of Birth: Month 9, Day 23, Year 1958.

7 Address (Include Number and Street): 36 HOBART ST, ROCHESTER, NY 14611. Apt. No. 179 KINGSBORO ST, ROCHESTER, NY 14619.

8 Plate Number: CUT8045, NY. Vehicle Year & Make: 2000 CHEV. Vehicle Type: PICK. Ins. Code: 328. VEHICLE 2: Plate Number: EXE6076, NY. Vehicle Year & Make: 2008 DODG. Vehicle Type: 4DSD. Ins. Code: 100.

9 Ticket/Arrest Number(s): Violation Section(s):

10 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.

11 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2, 2. Box 2 - Most Damage: 3, 4, 5. Enter up to three more damage codes: 1, 2, 3.

12 VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1, 1. Box 2 - Most Damage: 3, 4, 5. Enter up to three more damage codes: 9.

13 Vehicle Bv: Towed: To: EAST AVE AUTO.

14 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine, Yes, No.

15 Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE, City of ROCHESTER. Road on which accident occurred: 584 THURSTON RD. at 1) intersecting street ROSALIND ST. or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name).

16 Accident Description/Officer's notes: ON 11/2/11 AT ABOUT 1:14PM (VEH 2) WAS STOPPED AT A STOP SIGN FACING EASTBOUND ON ROSALIND ST. (VEH 2) WAS ATTEMPTING TO MAKE A LEFT TURN ONTO NORTHBOUND THURSTON RD. (VEH 2) STATES THAT HE COULD NOT SEE ONCOMING SOUTHBOUND TRAFFIC BECAUSE OF A BEER TRUCK PARKED IN A NO PARKING ZONE ON THE NORTH/WEST CORNER OF THE INTERSECTION KNOWN AS THURSTON RD AND ROSALIND ST. (VEH 2) THOUGHT THE SOUTHBOUND LANE ON THURSTON WAS CLEAR AND PROCEEDED INTO THE INTERSECTION. (VEH 1) WAS TRAVELING SOUTHBOUND ON THURSTON RD WHEN (VEH 2) PULLED IN FRONT OF

17 INVOLVED: Table with columns for Driver License ID, Name, Sex, Date of Birth, and Date of Death. Includes SCOTT, JIMMY B and BROWN, SHANE A.

18 Officer's Rank and Signature: Adam M Johnston. Badge/ID No. 1785. NCIC No. 02701. Precinct/Post Troop/Zone: Station/Beat Sector: Reviewing Officer: Alberto, Edward A. Date/Time Reviewed: 11/11/2011 04:32.

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-348316
FQPR0200007

AMENDED REPORT

1	Accident Date Month: 11, Day: 2, Year: 2011	Day of Week Wednesday	Military Time 13:14	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
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3	Driver Name - exactly as printed on license	Address (Include Number and Street)	Apt. No.	City or Town	State	Zip Code	22
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3	Date of Birth (Month, Day, Year)	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
---	----------------------------------	-----	-------------------------------------	------------------	--	----

4	Name - exactly as printed on registration	Sex	Date of Birth (Month, Day, Year)	24
---	---	-----	----------------------------------	----

4	Address (Include Number and Street)	Apt. No.	City or Town	State	Zip Code	24
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5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
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5	Ticket/Arrest Number(s)	Violation Section(s)	25
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6	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.	VEHICLE 1 DAMAGE CODES	26
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7	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	27
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7	Vehicle Bv:	Towed To:	27
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VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)	
		at 1) intersecting street _____ (Route Number or Street Name)	
		or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
HIM. (VEH 1) COULD NOT ANTICIPATE THIS OCCURRING BECAUSE HE COULD NOT SEE (VEH 2) APPROACH THE INTERSECTION BECAUSE OF SAID BEER TRUCK. . (VEH 1) HAD THE RIGHT OF WAY WHEN HE STRUCK (VEH 2) ON THE DRIVERS SIDE DOOR. THE DRIVER OF (VEH 2) COMPLAINED OF NECK AND BACK PAIN AS A RESULT OF THE ACCIDENT AND WAS TRANSPORTED TO STRONG FOR EVALUATION BY RURAL METRO

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Officer <i>Adam M Johnston</i>	Badge/ID No.	1785	NCIC No.	02701	Precinct/Post Troop/Zone	----	Station/Beat Sector	--	Reviewing Officer	Alberto, Edward A	Date/Time Reviewed	11/11/2011 04:32
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USE COVER SHEET

N

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-337935
FQA097000069

AMENDED REPORT

19
4

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
-	Month 10 Day 23 Year 2011	Sunday	15:05	2	1	0	Accident Reconstructed <input type="checkbox"/>			-

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 821080191	State of Lic. NY	VEHICLE 2 - Driver License ID Number 345441727	State of Lic. NY	21
-	Driver Name - exactly as printed on license ZISFEIN, ALEXANDER S		Driver Name - exactly as printed on license MULL, OLEASE		-

22	Address (Include Number and Street) 18 PHEASANT HILL LN	Apt. No.	Address (Include Number and Street) 159 TERRACE PK	Apt. No.	-
-	City or Town GLEN HEAD	State NY	City or Town ROCHESTER	State NY	-
-	Zip Code 11545		Zip Code 14619		-

3	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"/>	23
1	Month 5 Day 10 Year 1991	M		02		Month 7 Day 1 Year 1949	F		01		1

23	Name - exactly as printed on registration ZISFEIN, JEROME B	Sex M	Date of Birth Month 4 Day 10 Year 1954	Name - exactly as printed on registration MULL, OLEASE	Sex F	Date of Birth Month 7 Day 1 Year 1949	23
-	Address (Include Number and Street) 18 PHEASANT HILL LN	Apt. No.	Address (Include Number and Street) 159 TERRACE PK	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	1

24	City or Town GLEN HEAD	State NY	Zip Code 11545	City or Town ROCHESTER	State NY	Zip Code 14619	24				
5	Plate Number DWR2744	State of Reg. NY	Vehicle Year & Make 2007 VOLK	Vehicle Type 4DSD	Ins. Code 146	Plate Number EVR7699	State of Reg. NY	Vehicle Year & Make 2007 HYUN	Vehicle Type SUBN	Ins. Code 328	5

25	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)	25
1					3

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.	26
1	<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.		1

7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM	27
1	Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5	Box 1 - Point of Impact 3 1 2 Box 2 - Most Damage 2 3 4 5	See the last page of the MV-104A for the accident diagram.	1

27	Vehicle Bv. Towed To:	Vehicle Bv. Towed To:	Cost of repairs to any one vehicle will be more than \$1000.	28
1			<input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	1

29	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
		Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER	
		Longitude/Easting:	Road on which accident occurred THURSTON ROAD (Route Number or Street Name)	
			at 1) intersecting street <input type="checkbox"/> N <input checked="" type="checkbox"/> S (Route Number or Street Name)	
			or 2) 30 feet miles <input type="checkbox"/> E <input type="checkbox"/> W of ROSALIND ST (Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes
V1 WAS DRIVING NORTH ON THURSTON ROAD AND WAS GOING TO TURN LEFT INTO THE YMCA PARKING LOT WHEN HE HIT V2. V2 WAS DRIVING SOUTH ON THURSTON ROAD WHEN V2 WAS HIT BY V1. V2 THEN LOST CONTROL OF THE CAR AND DROVE INTO THE FRONT PORCH OF 612 THURSTON ROAD. THE DRIVER WAS TAKEN TO STRONG HOSPITAL AND WAS DISORIENTED. THE DRIVER OF V1 AND THE PASSENGER IN V1 WERE NOT INJURED. THE DRIVER OF V1 SAID HE DID NOT SEE V2 AND HE HIT HER. V2 WAS TOWED BY 451. V1 WAS NOT TOWED.

USE COVER SHEET
N

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	20	M	-	-	-			ZISFEIN, ALEXANDER S	
B	1	3	4	1	21	M	-	-	-			BECKWITCH, XAVER	
C	2	1	4	1	62	F	X	13	3	9249	2706	MULL, OLEASE	
D													
E													
F													

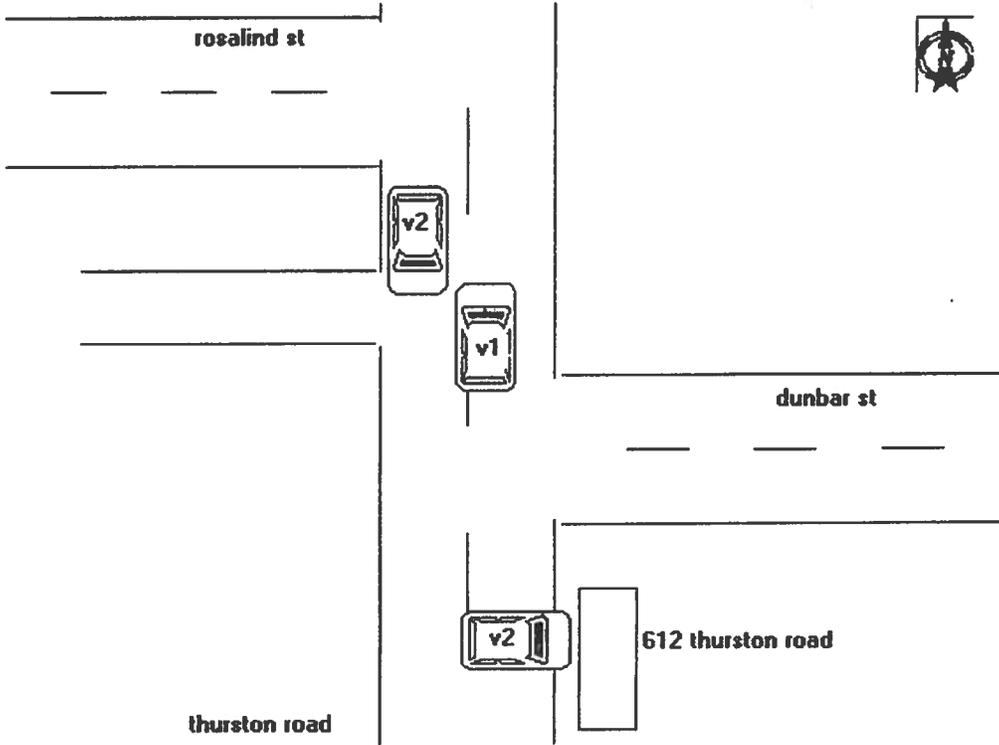
Officer's Rank and Signature OFFICER <i>K. Mael</i>	Badge/ID No. 2091	NCIC No. 02701	Precinct/Post Troop/Zone W52	Station/Beat Sector WEST	Reviewing Officer Koehn, Kevin	Date/Time Reviewed 11/6/2011 22:54
Print Name In Full Kaitlyn Turner						

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-337935
FQA097000069

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Sunday	15:05	2	1	0	Accident Reconstructed <input type="checkbox"/>		
10	23	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-303212
FQA034000034

AMENDED REPORT

Accident Date: Month 9, Day 22, Year 2011. Day of Week: Thursday. Military Time: 06:58. No. of Vehicles: 3. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: [] Left Scene: [] Police Photos: [X] Yes [] No.

VEHICLE 1 [X] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

VEHICLE 1 - Driver License ID Number: 869563191. State of Lic: NY. VEHICLE 2 - Driver License ID Number: 328448907. State of Lic: NY.

Driver Name - exactly as printed on license: IVANOV, OLGA. Address (Include Number and Street): 349 HUFFER RD. Apt. No.:

City or Town: HILTON. State: NY. Zip Code: 14468. VEHICLE 2 Driver Name: SCHRAMM, ROBERT. Address: 1072 GLIDE ST. City or Town: ROCHESTER. State: NY. Zip Code: 14606.

Date of Birth: VEHICLE 1 (6/2/1991), VEHICLE 2 (2/10/1986). Sex: F, M. Unlicensed: [], []. No. of Occupants: 01, 01. Public Property Damaged: [], [].

Name - exactly as printed on registration: IVANOVA, GALINA. Date of Birth: 4/10/1952. City of Rochester, NY. Name - exactly as printed on registration: CITY OF ROCHESTER, NY. Date of Birth: [].

Address (Include Number and Street): 349 HUFFER RD. Apt. No.: []. City or Town: HILTON. State: NY. Zip Code: 14468. Address (Include Number and Street): 945 MT READ BLVD 100. City or Town: ROCHESTER. State: NY. Zip Code: 14606.

Plate Number: ESP8193. State of Reg: NY. Vehicle Year & Make: 2007 TOYT. Vehicle Type: 2DSD. Ins. Code: 113. Plate Number: M75529. State of Reg: NY. Vehicle Year & Make: 2011 INTL. Vehicle Type: DUMP. Ins. Code: 999.

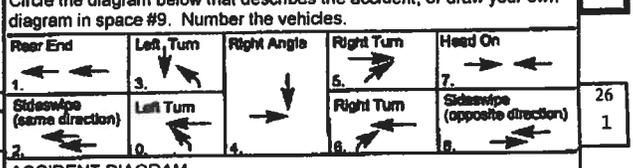
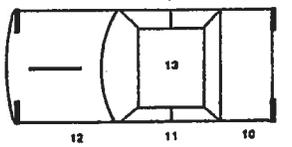
Violation Section(s): []

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: 2, 2. Box 2 - Most Damage: 3, 4, 3. Enter up to three more damage codes: 3, 4, 6.

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1, 1. Box 2 - Most Damage: 1, 1. Enter up to three more damage codes: 3, 4, 5.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



See the last page of the MV-104A for the accident diagram.

Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to determine [X] Yes [] No

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred BROOKS AVENUE, at 1) intersecting street HURSTON ROAD.

Accident Description/Officer's notes: VEHICLE 2 WAS DRIVING EB ON BROOKS AVE WITH A GREEN LIGHT. VEHICLE 3 WAS DRIVING WB ON BROOKS AVE WITH A GREEN LIGHT. VEHICLE 1 WAS DRIVING SB ON THURSTON AND WENT THRU THE RED LIGHT STRIKING VEH 2, AND THEN SPUN AROUND AND STRUCK VEH 3. DRIVER OF VEH 3 COMPLAINED OF PAIN TO HER LEFT ARM AND WAS TRANSPORTED TO STRONG HOSPITAL. DRIVER OF VEH 1 DID ADMIT THAT SHE THOUGHT SHE COULD BEAT THE LIGHT.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows include IVANOV, OLGA; SCHRAMM, ROBERT; PEACOCK, HEATHER M.

Officer's Rank and Signature: Officer Lisa M Lyons. Badge/ID No: 1321. NCIC No: 02701. Precinct/Post Troop/Zone: ---. Station/Beat Sector: ---. Reviewing Officer: Williams, David J. Date/Time Reviewed: 10/3/2011 14:13.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-303212
FQA034000034

AMENDED REPORT

1 Accident Date: Month 9, Day 22, Year 2011. Day of Week: Thursday. Military Time: 06:58. No. of Vehicles: 3. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No.

VEHICLE 3 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number: 437436739. State of Lic.: NY. VEHICLE 2 - Driver License ID Number: [blank]. State of Lic.: [blank]. Driver Name - exactly as printed on license: PEACOCK, HEATHER M.

Address (Include Number and Street): 136 BROOKS AVE. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 Date of Birth: Month 8, Day 24, Year 1980. Sex: F. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: RIOLA, CHERYL A. Date of Birth: Month 3, Day 26, Year 1959. Sex: F.

4 Address (Include Number and Street): 64 SHORECLIFF DR. City or Town: ROCHESTER. State: NY. Zip Code: 14612.

5 Plate Number: EWG8333. State of Reg.: NY. Vehicle Year & Make: 1991 DODG. Vehicle Type: 2DSD. Ins. Code: 639.

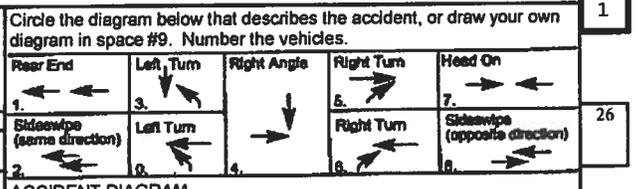
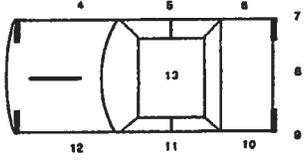
6 Violation Section(s): [blank]

7 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: 1, 2, 3.

Vehicle Bv: 454. Towed: To: 454.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER.



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: County MONROE. Road on which accident occurred: [blank].

Accident Description/Officer's notes: [blank]

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A, B, C, D, E, F. Includes Officer's Rank and Signature: Lisa M Lyons, Badge/ID No.: 1321, NCIC No.: 02701, Station/Beat Sector: ---, Reviewing Officer: Williams, David J, Date/Time Reviewed: 10/3/2011 14:13.

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USE COVER SHEET
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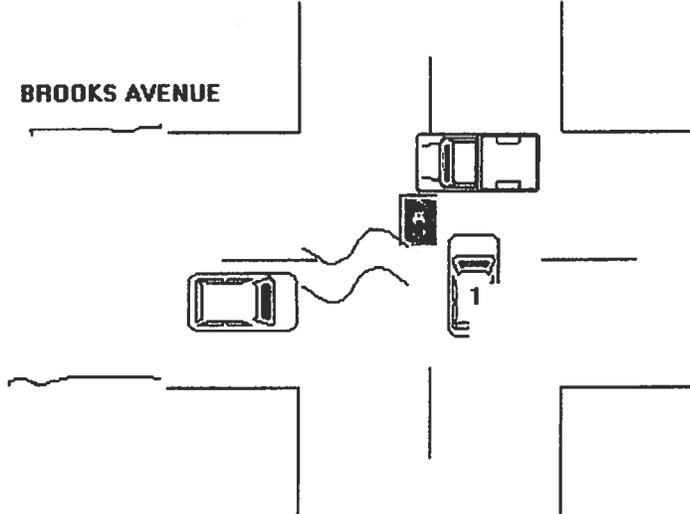
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-303212
FQA034000034

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Thursday	06:58	3	1	0	Accident Reconstructed <input type="checkbox"/>		
9	22	2011								

BROOKS AVENUE



THURSTON ROAD



Local Codes 11-297820

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

DMV COPY

19 X

1 Accident Date: 9/16/2011, Day of Week: FRI, Military Time: 2230, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: []

2 VEHICLE 1 - Driver: PROPER, DAN, License ID Number: 978521, Address: 730 THURSTON RD, ROCHESTER, NY 14619. VEHICLE 2 - Driver: PARKED, License ID Number: [], Address: [], ROCHESTER, NY 14624.

3 Date of Birth: [], Sex: M, Unlicensed: [], No. of Occupants: 1, Public Property Damaged: []. Name: RIDER, TRUCK RENTAL, INC. Address: 329 JEFFERSON RD, ROCHESTER, NY 14623. Name: STACEY'S RV, INC. Address: 1415 SCOTTSVILLE RD, ROCHESTER, NY 14624.

4 Plate Number: 5883705 NY 2005 LINZU VANTICK 263. Plate Number: CDG8242 NY 198 PONTIAC 4DR 613.

5 Ticket/Arrest Number(s): []. Violation Section(s): [].

6 Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overweight permit. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 3 3, Box 2 - Most Damage: []. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 1 2, Box 2 - Most Damage: 12 1. Enter up to three more Damage Codes: [] [] [].

7 ACCIDENT DIAGRAM: #2. Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to Determine [] Yes [] No.

8 Reference Marker: []. Coordinates: []. Place Where Accident Occurred: County: MONROE, City: ROCHESTER, Road on which accident occurred: 730 THURSTON RD, at 1) intersecting street: 300 BROOKS AVE.

9 Accident Description/Officer's Notes: VEH. 1 WAS N/B WHEN IT STRUCK VEH. 2, WHILE ATTEMPTING TO PARK. PARTIES EXCHANGED INFORMATION; BOTH VEHICLES WERE RENTALS + REQUESTED A MVA REPORT. NO INJURIES. VEH. 1/DR. 1 WAS NOT AT SCENE AT TIME OF REPORT. PARTIES ARE NEIGHBORS.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: P.O. J. HOLMES, Badge/ID No. 757, NCIC No. 62701, Precinct/Post Troop/Zone W 52, Station/Beat Sector 52, Reviewing Officer: [], Date/Time Reviewed: 9/17/11 1500.

USE COVER SHEET N

Local Codes
11-293135

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

AMENDED REPORT

DMV COPY

19
18

1	Accident Date Month: 9, Day: 13, Year: 11	Day of Week TUE	Military Time 1214	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
							Accident Reconstructed <input checked="" type="checkbox"/>			

2	VEHICLE 1 Driver License ID Number: 790 807 300 Driver Name: McLoggale Joe Address: 318 Epworth st. City/Town: Rochester, NY, Zip Code: 14611				VEHICLE 2 Driver License ID Number: 407 100 642 Driver Name: Oliver Moore Terry Address: 193 N. Union st. City/Town: Rochester, NY, Zip Code: 14605				21
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3	Date of Birth: 10/23/46, Sex: M, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 7/30/90, Sex: F, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input checked="" type="checkbox"/>	22
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4	Name: Driver	Date of Birth: 7/21/64	23
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5	Plate Number: FRA4589, State of Reg: NY, Vehicle Year & Make: 87 Chev LL, Ins. Code: 364	Plate Number: DLB2222, State of Reg: NY, Vehicle Year & Make: 00 Olds 4D, Ins. Code: 100	24
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6	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input checked="" type="checkbox"/> operated with an overweight permit; <input checked="" type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input checked="" type="checkbox"/> operated with an overweight permit; <input checked="" 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
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 1 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 5, 5 Enter up to three more Damage Codes: 4, 6, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	26
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8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27
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9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Monroe, City: Rochester Road on which accident occurred: Thurston rd. at 1) intersecting street: Rosalind st. or 2) Feet: _____ Miles: _____	28
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Accident Description/Officer's Notes: V2 SB on Thurston Rd. V1 on Rosalind st. making left turn onto NB Thurston rd. V1 front driverside fender area struck V2 passenger side area. Damage to V2 none to V1. No injuries reported.

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	64	M	-	-	-	-	-	-	-	Joe McLoggale	-
B	2	1	4	1	21	F	-	-	-	-	-	-	-	Terry Oliver Moore	-
C															
D															
E															
F															

Officer's Rank and Signature: OFC. [Signature]	Badge/ID No.: 1544	NCIC No.: 02201	Precinct/Post Troop/Zone: West	Station/Beat Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 9/16/11
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
4

Local Codes
11-264160
FQ7325000016

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
1	Month 8 Day 20 Year 2011	Saturday	22:35	0	0	0	Accident Reconstructed <input type="checkbox"/>			-

VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 552575016	State of Lic. NY	VEHICLE 2 - Driver License ID Number	State of Lic.	21
3	Driver Name - exactly as printed on license JONES, VAN		Driver Name - exactly as printed on license		

3	Address (Include Number and Street) 133 GLIDE ST	Apt. No.	Address (Include Number and Street)	Apt. No.	22
	City or Town ROCHESTER	State NY	City or Town	State	Zip Code 14619

3	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
3	Month 5 Day 17 Year 1937	M				Month 5 Day 17 Year 1937					7

4	Name - exactly as printed on registration JONES, VAN	Sex M	Date of Birth Month 5 Day 17 Year 1937	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year	23
4	Address (Include Number and Street) 133 GLIDE ST	Apt. No.	Haz. Mat. Code Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code Released <input type="checkbox"/>	24

5	Plate Number BDS4219	State of Reg. NY	Vehicle Year & Make 2000 DODG	Vehicle Type BICY	Ins. Code 169	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
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1	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
1	Violation Section(s)	Violation Section(s)	1

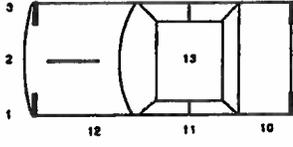
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> 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.	26
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 1 2 Box 2 - Most Damage 18 Enter up to three more damage codes 3 4 5	VEHICLE 2 DAMAGE CODES 1 2 3 4 5	ACCIDENT DIAGRAM	26
---	--	--	------------------	----

1	Vehicle Bv: Towed: To:	Vehicle Bv: Towed: To:	See the last page of the MV-104A for the accident diagram.	27
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VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER



Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER	
	Longitude/Easting:	Road on which accident occurred MILTON ST (Route Number or Street Name)	
		at 1) intersecting street THURSTON RD (Route Number or Street Name)	
		or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
D1 WAS WESTBOUND MILTON WHEN HE PASSED THE STOP SIGN AND STRUCK BICYCLIST GOING SOUTHBOUND ACROSS THE STREET. BICYCLIST SUFFERED AN INJURY TO HIS LEFT LEG WHERE THE FRONT END OF VEH 1 STRUCK HIM. D1 STOPPED INITIALLY BUT WAS BEING HARASSED AND FELT THREATENED BY ONLOOKERS. D1 DECIDED TO DRIVE TO HIS HOME AND CALL POLICE FROM THERE. HE WILLINGLY CAME BACK TO THE SCENE IN THE PRESENCE OF OFFICERS. BICYCLIST WAS TRANSPORTED TO STRONG HOSPITAL. HIS MOTHER WAS NOTIFIED AND RESPONDED TO THE SCENE. PHOTOS WERE TAKEN.

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	B	1	1	1	74	M	-	-	-		JONES, VAN	
B												
C												
D												
E												
F												

Officer's Rank and Signature OFFICER <i>Tito M. Batson</i>	Badge/ID No. 1631	NCIC No. 02701	Precinct/Post Troop/Zone 52	Station/Beat Sector WEST	Reviewing Officer Correia, Elena A	Date/Time Reviewed 10/14/2011 18:17
Print Name Tito BATSON						

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19

Local Codes
11-264160
FQ7325000016

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
	Month	Day	Year	Saturday	22:35	0	0	0	0	0	<input checked="" type="checkbox"/>	

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - 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 and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.
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City or Town	State	Zip Code	City or Town	State	Zip Code	22
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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"/>	23
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	23
Month Day Year		Month Day Year	Month Day Year		Month Day Year	

Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	24
City or Town	State	Zip Code		City or Town	State	Zip Code		

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
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Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
Violation Section(s)	Violation Section(s)	

Check if involved vehicle is:	Check if involved vehicle is:	26
<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;	

<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;	26
<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;	

<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;	26
<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.	

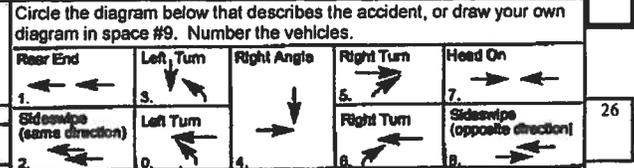
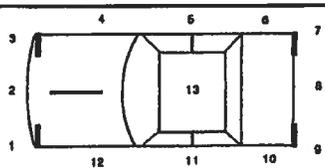
VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	27
Box 1 - Point of Impact	Box 1 - Point of Impact	

Box 2 - Most Damage	Box 2 - Most Damage	27
Enter up to three more damage codes	Enter up to three more damage codes	

Vehicle Bv:	Vehicle Bv:	27
Towed: To:	Towed: To:	

VEHICLE DAMAGE CODING:	1-13 SEE DIAGRAM ON RIGHT.	28
14. UNDERCARRIAGE	17. DEMOLISHED	

15. TRAILER	18. NO DAMAGE	28
16. OVERTURNED	19. OTHER	



ACIDENT DIAGRAM

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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	

Road on which accident occurred _____ (Route Number or Street Name)	29
at 1) intersecting street _____ (Route Number or Street Name)	

or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)	30
feet miles E W	

Accident Description/Officer's notes

WITNESS #1 - RANDY BAILEY UNKNOWN

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A												
B												
C												
D												
E												
F												

Officer's Rank and Signature	OFFICER <i>Tito M. Batson</i>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name	Tito BATSON	1631	02701	52	WEST	Correia, Elena A	10/14/2011 18:17

ALL INVOLVED

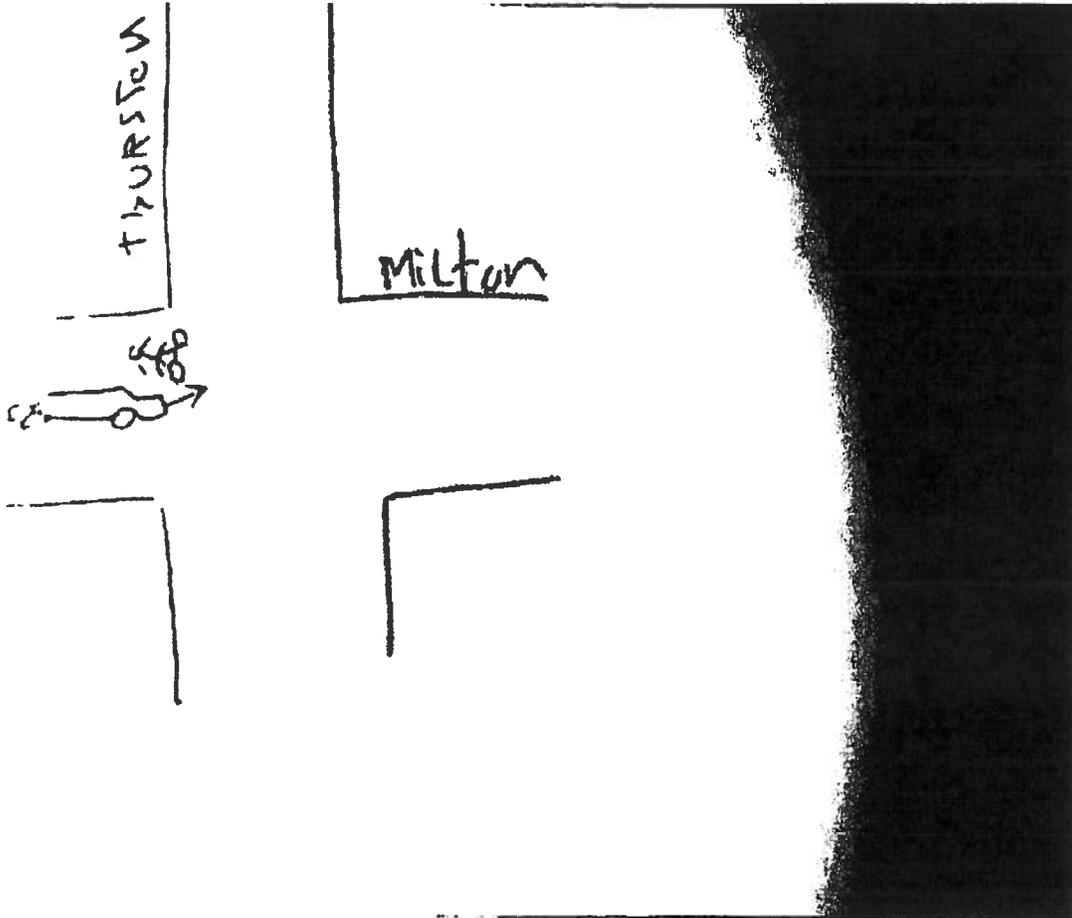
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-264160
FQ7325000016

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
8	20	2011	Saturday	22:35	1	0	0			



Local Codes

11-246037

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

19
24

1	Accident Date Month: 8, Day: 5, Year: 2011	Day of Week FRI	Military Time 1600	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE 1 Driver License ID Number: 327992877 Driver Name: Deane, Thomas P 3rd (P) Address: 185 Exchange Blvd, Rochester, NY 14609				VEHICLE 2 Driver License ID Number: 650597973 Driver Name: Watson, Daniel J (P) Address: 185 Exchange Blvd, Rochester, NY 14609				21
---	---	--	--	--	--	--	--	--	----

3	Date of Birth: 5/12/1986, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 5/31/1985, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	22
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4	City of Rochester, NY 14606	City of Rochester, NY 14606	23
5	Plate Number: POLICE NY 2007 Chevro 4dr 994	Plate Number: POLICE NY 2008 Chevro 4dr 994	24

6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 24 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 24 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
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 3 Box 2 - Most Damage: 1, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 3, 4, 5	ACCIDENT DIAGRAM #1	26
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: Monroe, City: Rochester Road on which accident occurred: 481 Thurston Rd. at 1) intersecting street: Sawyer St.	29
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Accident Description/Officer's Notes (V3) was stopped in traffic facing SB on Thurston Rd. preparing waiting for another uninvolved vehicle to turn onto Sawyer St. - (V2) + (V3) were traveling SB on Thurston Rd responding to a call for service. (V2) began to slow down with (V3) in front of him. (V3) traveling behind (V2) was attempting to use his patrol car computer to verify the address of the call. Driver of (V1) was unable to stop completely before striking (V2) which then struck

ALL INVOLVED	BY	TO	Names of all involved	Date of Death Only	
A	1	4	25 M	Deane, Thomas P 3rd	
B	2	4	26 M	Watson, Daniel J	
C	3	4	74 M	Bell, Samuel, E	
D					
E					
F					

Officer's Rank and Signature: PO D. Hogg	Badge/ID No.: 2036	NCIC No.: 02701	Precinct/Post Troop/Zone: WEST 52	Station/Beat/Reviewing Office: Sgt. 5/	Date/Time Reviewed: 8/5/11 2032
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USE COVER SHEET

Local Codes

11-246037

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

AMENDED REPORT

1	Accident Date Month: 8, Day: 5, Year: 2011	Day of Week FRI	Military Time 1600	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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2	VEHICLE 1 Driver License ID Number: 623044284 Driver Name: Bell, Samuel E Address: 103 Ellicott St. City/Town: Rochester, State: NY, Zip Code: 14619	VEHICLE 2 Driver License ID Number: [Blank] Driver Name: [Blank] Address: [Blank] City/Town: [Blank], State: [Blank], Zip Code: [Blank]
---	--	---

3	Date of Birth: 4/4/1937, Sex: M, Unlicensed: <input type="checkbox"/> Name: Bell, Clara M, Date of Birth: 7/27/1953, Sex: F, Unlicensed: <input type="checkbox"/> Address: 103 Ellicott St., City/Town: Rochester, State: NY, Zip Code: 14619	Date of Birth: [Blank], Sex: [Blank], Unlicensed: <input type="checkbox"/> Name: [Blank], Date of Birth: [Blank], Sex: [Blank], Unlicensed: <input type="checkbox"/> Address: [Blank], City/Town: [Blank], State: [Blank], Zip Code: [Blank]
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4	Plate Number: BRC 4099, State of Reg: NY, Vehicle Year & Make: 1997 FORD, Vehicle Type: 4dr, Ins. Code: 016	Plate Number: [Blank], State of Reg: [Blank], Vehicle Year & Make: [Blank], Vehicle Type: [Blank], Ins. Code: [Blank]
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5	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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6	VEHICLE DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 3, 4, 5 Enter up to three more Damage Codes: [Blank], [Blank], [Blank]	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: [Blank] Enter up to three more Damage Codes: 3, 4, 5	ACCIDENT DIAGRAM # 1
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing: [Blank] Longitude/Easting: [Blank]	Place Where Accident Occurred: County: Monroe, City/Village/Town: Rochester Road on which accident occurred: 481 Thurston Rd at 1) intersecting street: Sawyer St. or 2) [Blank] of [Blank] (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes:
(Car #) (V3) all in the rear end. No injuries were incurred and police photos were taken. All three vehicles were driven away by their perspective drivers. Sgt. Saylor notified and responded to scene. (V1) Fleet # of 071384 (W-65) and (V2) Fleet # 081356 (W-70).

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature: PO A. [Signature] Print Name in Full: PO D. HOGES	Badge/ID No.: 2036	NCIC No.: 02701	Precinct/Post Troop/Zone: WEST	Station/Beat/Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 8/5/11 2032
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-221518
FQ7162000037

AMENDED REPORT

19
4

1 - Accident Date: Month 7, Day 16, Year 2011. Day of Week: Saturday. Military Time: 15:12. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 223082591. State of Lic. NY. VEHICLE 2 - Driver License ID Number: [blank]. State of Lic. [blank].

Driver Name - exactly as printed on license: HARVEY, WILLIE G. VEHICLE 2: PARKED.

Address (Include Number and Street): 86 ENTERPRISE ST. Apt. No. [blank].

City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 - Date of Birth: Month 8, Day 26, Year 1940. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . VEHICLE 2: Date of Birth: [blank]. Sex: [blank]. Unlicensed: . No. of Occupants: 00. Public Property Damaged: .

Name - exactly as printed on registration: HARVEY, WILLIE G. Sex: M. Date of Birth: Month 8, Day 26, Year 1940. VEHICLE 2: Name - exactly as printed on registration: WRIGHT, FONTELLA E. Sex: F. Date of Birth: Month 8, Day 19, Year 1968.

Address (Include Number and Street): 86 ENTERPRISE ST. Apt. No. [blank]. Haz. Mat. Code: [blank]. Released: . VEHICLE 2: Address (Include Number and Street): 26 RAEBURN ST. Apt. No. [blank]. Haz. Mat. Code: [blank]. Released: .

City or Town: ROCHESTER. State: NY. Zip Code: 14619. VEHICLE 2: City or Town: ROCHESTER. State: NY. Zip Code: 14619.

Plate Number: EVY5899. State of Reg. NY. Vehicle Year & Make: 2008 FORD. Vehicle Type: SUBN. Ins. Code: 230. VEHICLE 2: Plate Number: FGJ2851. State of Reg. NY. Vehicle Year & Make: 1991 INFI. Vehicle Type: 4DSD. Ins. Code: 719.

5 - Ticket/Arrest Number(s): [blank]. Violation Section(s): [blank].

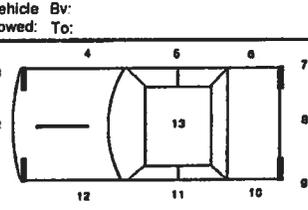
6 - Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: [blank]. Box 2 - Most Damage: [blank]. Enter up to three more damage codes: [blank].

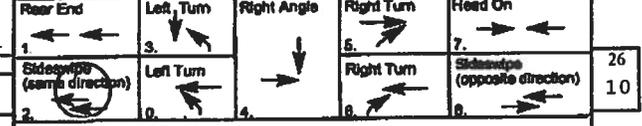
VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: [blank]. Box 2 - Most Damage: [blank]. Enter up to three more damage codes: [blank].

7 - Vehicle By: [blank]. Towed To: [blank].

VEHICLE DAMAGE CODING: 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER.



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



ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

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

Reference Marker: [blank]. Coordinates (if available): Latitude/Northing: [blank]. Longitude/Easting: [blank].

Place Where Accident Occurred: County MONROE. City Village Town of ROCHESTER.

Road on which accident occurred: THURSTON RD. (Route Number or Street Name). at 1) intersecting street [blank]. or 2) 100 feet [blank] miles [blank] of FLANDERS ST (Milepost, Nearest intersecting Route Number or Street Name).

Accident Description/Officer's notes: V1 OPERATED BY D1 SIDESWIPES PARKED, UNOCCUPIED V2. V1 CONTINUES OFF ROAD AND STRIKES LIGHT POLE, KNOCKING IT OVER. V1 CONTINUES OFF ROAD AND STRIKES PRIVATELY OWNED SHRUBBERY AND SIGN OF MEGGIDO CHURCH. NO INJURIES. PROPERTY DAMAGE BY VEHICLE #01 - LIGHT POLE, CITY OF ROCHESTER 30 CHURCH ST ROCHESTER NY. PROPERTY DAMAGE BY VEHICLE #01 - SIGN AND SHRUBBERY, MEGGIDO CHURCH.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Row A: 1, 1, 4, 1, 70, M, -, -, -, HARVEY, WILLIE G.

Officer's Rank and Signature: OFFICER JUSTIN STEWART. Badge/ID No. 1750. NCIC No. 02701. Precinct/Post Troop/Zone: ----. Station/Beat Sector: --. Reviewing Officer: Waldo, Richard E JR. Date/Time Reviewed: 7/27/2011 15:28.

29
11

30
-

USE COVER SHEET
N

ALL INVOLVED

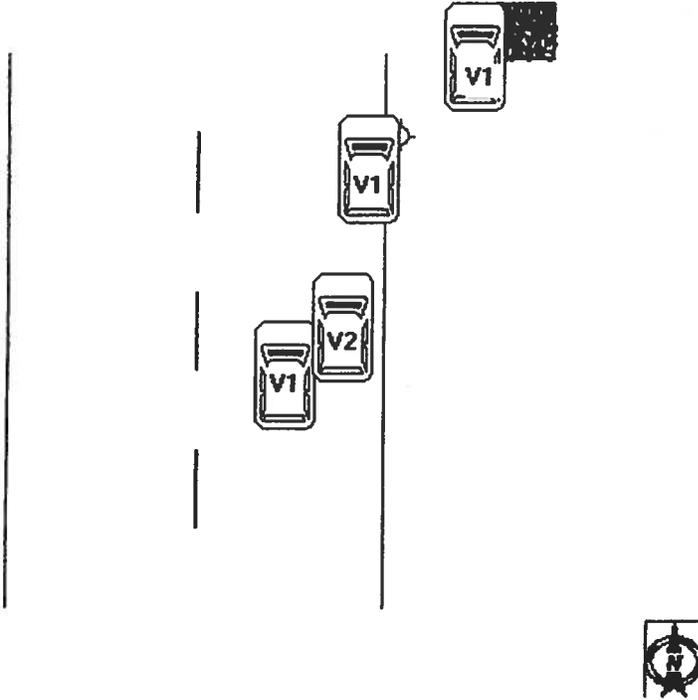
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-221518
FQ7162000037

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
7	16	2011	Saturday	15:12	2	0	0			

Thurston rd



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-219091
FQ7242000052

AMENDED REPORT

19
4

1 - Accident Date: Month 7, Day 14, Year 2011; Day of Week: Thursday; Military Time: 17:04; No. of Vehicles: 2; No. Injured: 0; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes No

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 472729176; State of Lic. NY; Driver Name: MANLEY, TIM B; VEHICLE 2 - Driver License ID Number: 589380127; State of Lic. NY; Driver Name: ISOM, GREGORY D

Address (Include Number and Street): 124 BURLINGTON AVE; Apt. No. 443 COLUMBIA AVE

City or Town: ROCHESTER; State: NY; Zip Code: 14619

3 - Date of Birth: Month 5, Day 3, Year 1966; Sex: M; Unlicensed: ; No. of Occupants: 01; Public Property Damaged: ; VEHICLE 2: Date of Birth: Month 4, Day 11, Year 1955; Sex: M; Unlicensed: ; No. of Occupants: 01; Public Property Damaged:

Name - exactly as printed on registration: MANLEY, MELISSA R; Sex: F; Date of Birth: Month 3, Day 13, Year 1971; SHAW, MARY; Sex: F; Date of Birth: Month 1, Day 20, Year 1934

Address (Include Number and Street): 124 BURLINGTON AV; Apt. No. 443 COLUMBIA AVE

City or Town: ROCHESTER; State: NY; Zip Code: 14619

Plate Number: ELS3748; State of Reg. NY; Vehicle Year & Make: 2003 FORD; Vehicle Type: SUBN; Ins. Code: 100; VEHICLE 2: Plate Number: SHAW; State of Reg. NY; Vehicle Year & Make: 2006 CHEV; Vehicle Type: 2DSD; Ins. Code: 182

5 - Ticket/Arrest Number(s):

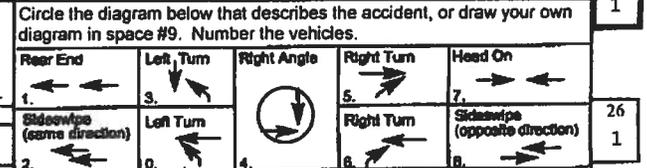
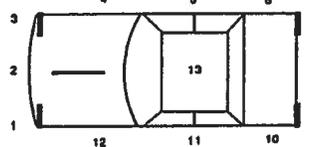
Violation Section(s):

6 - 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.

7 - VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 1, 2; Box 2 - Most Damage: 3, 4, 5; Enter up to three more damage codes: 1; VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 5, 2; Box 2 - Most Damage: 3, 4, 5; Enter up to three more damage codes: 4

Vehicle Bv.: Towed: To: VEHICLE 1: Towed: To: VEHICLE 2: Towed: To:

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



ACIDENT DIAGRAM
See the last page of the MV-104A for the 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: County MONROE; City Village Town of ROCHESTER; Road on which accident occurred THURSTON STREET; at 1) intersecting street _____ or 2) 100 feet _____ miles _____ of INGLEWOOD

Accident Description/Officer's notes: V1 AND V2 WERE BOTH TRAVELING SOUTHBOUND ON THURSTON STREET. THE DRIVER OF V1 STATED THAT V2 DID NOT HAVE HIS SIGNAL LAMP ON WHEN V2 ATTEMPTED TO TURN RIGHT INTO A DRIVEWAY. V2 STATED THAT HE DID SIGNAL WHILE ATTEMPTING TO TURN AND THAT V1 TRIED TO GO AROUND V2. V1 STRUCK V2'S RIGHT SIDE WITH V1'S FRONT LEFT SIDE. THERE WERE NO INJURIES. BOTH VEHICLES CARED FOR BY OWNERS

ALL INVOLVED table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all Involved, Date of Death Only. Rows A, B, C, D, E, F.

Officer's Rank and Signature: OFFICER Jason PRINZI; Badge/ID No. 2140; NCIC No. 02701; Precinct/Post Troop/Zone W; Station/Beat Sector 5313; Reviewing Officer Dinicola, Robert M; Date/Time Reviewed 7/15/2011 21:33

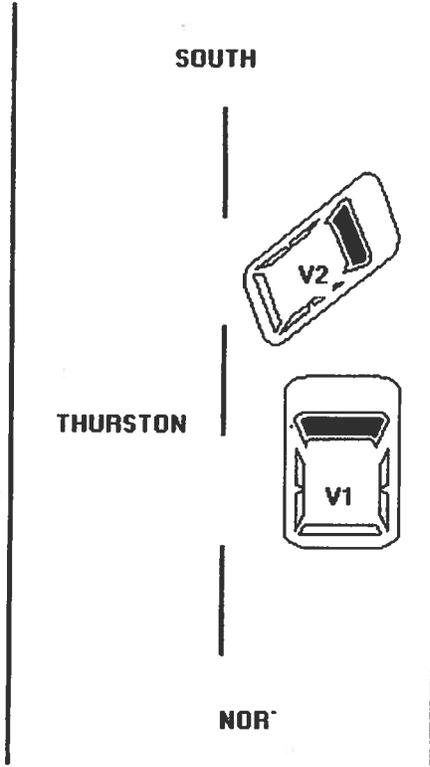
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 11-219091
FQ7242000052

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month	Day	Year						<input type="checkbox"/>		<input type="checkbox"/>
7	14	2011	Thursday	17:04	2	0	0	<input type="checkbox"/>	<input type="checkbox"/>	



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)
DMV COPY

Local Codes
11-204758

AMENDED REPORT

1 Accident Date: 07/03/2011, Day of Week: SUN, Military Time: 1013, No. of Vehicles: 2, No. Injured: 2, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: [X] Yes [] No

2 VEHICLE 1: Driver License ID Number 350 039 565, Driver Name CRUZ, Daniel L, Address 1022 South Ave (DOWN), City or Town Rochester, NY 14620. VEHICLE 2: Driver License ID Number 133-741-055, Driver Name HOANG, Niem, Yen, Address 211 Wetmore Park, City or Town Rochester, NY 14606.

3 Date of Birth: 01/09/68, Sex M, Unlicensed [X], No. of Occupants 0, Public Property Damaged []. VEHICLE 2: Date of Birth 01/01/72, Sex F, Unlicensed [], No. of Occupants 0, Public Property Damaged [].

4 Name: LANG, Branley, Sex M, Date of Birth 01/01/72, Address 638 Hills Pond Rd, City or Town Webster, NY 14580. VEHICLE 2: Name HOANG, Niem, Yen, Sex F, Date of Birth 01/01/72, Address 174 Fairgate ST, City or Town Rochester, NY 14606.

5 Plate Number: CHY-8633, State of Reg. NY, Vehicle Year & Make 2007 NISSAN, Vehicle Type 4DR, Ins. Code 328. VEHICLE 2: Plate Number FGH-6598, State of Reg. NY, Vehicle Year & Make 1994 Toyota, Vehicle Type 4DR, Ins. Code 626.

6 Ticket/Arrest Number(s): AAJ9335152 / AAJ9335174. Violation Section(s): ACO 2nd / unlicensed operator.

7 VEHICLE DAMAGE CODES: Box 1 - Point of Impact 1, Box 2 - Most Damage 2. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 1, Box 2 - Most Damage 1. ACCIDENT DIAGRAM: Shows head-on collision between Vehicle 1 and Vehicle 2 on Thurston Rd, with Vehicle 1 flipped and Vehicle 2 spun around. Point of impact marked on Thurston Rd.

8 Place Where Accident Occurred: County Monroe, City Village Town of Rochester, Road on which accident occurred THURSTON RD, at 1) intersecting street Sheldon TERR.

9 Accident Description/Officer's Notes: V1 was traveling NORTH on Thurston Rd and V2 was traveling south on Thurston Rd. One of said drivers drifted into oncoming traffic, but unclear who. V1 and V2 collided head on, driver to driver. This caused V1 to flip and land on its roof. V2 spun around. Both cars destroyed. V2 suffered head, neck, and facial injuries. V1 suffers from complaint of pain. NON-Life threatening.

Table with columns for Driver License ID Number, Sex, Date of Birth, Height, Weight, Eyes, Hair, and Names of all involved. Includes entries for Daniel L. Cruz and Niem Yen Hoang.

Officer's Rank and Signature: TOM G. JASBACH, Badge/ID No. 1684, NCIC No. 02701, Precinct/Post Troop/Zone W 52, Station/Beat Sector 52, Reviewing Officer Sgt. M. Penkowski, Date/Time Reviewed 7-3-11 / 1456.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)
DMV COPY

Local Codes
11-204758

AMENDED REPORT

1	Accident Date Month 07 Day 03 Year 2011	Day of Week SUN	Military Time 1013	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---------------------------	------------------------------	-----------------------------	-------------------------	------------------------	--	-------------------------------------	---

2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code	State of Lic.	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code	State of Lic.
---	---	---------------	---	---------------

3	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year Sex Unlicensed <input type="checkbox"/> No. of Occupants Public Property Damaged <input type="checkbox"/>
---	--	--

4	City or Town State Zip Code	City or Town State Zip Code
---	-----------------------------	-----------------------------

5	Ticket/Arrest Number(s) Violation Section(s)	Ticket/Arrest Number(s) Violation Section(s)
---	---	---

8	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.
---	--	--	--

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)
---	---	---	---

1	Vehicle Towed: To	Vehicle Towed: To	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting: Cont'D	Place Where Accident Occurred: County <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (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) Feet Miles
------------------	---	---

Accident Description/Officer's Notes	both drivers transported to Strong Hosp. Witness accounts were inconsistent as some had V1 coming from Shelton Terr onto Thurston RD. Both drivers agree they were both on Thurston RD coming in opposite directions. Spoke to W Erica Clark, 102 Enterprise 328-8269 TRON HUYNH 631 Thurston 309-5533 and Mondre Pointer 616 Thurston RD 217-7220. V1 WAS AUC 2 ND and was ticketed as such. Nothing further Tech on scene.
--------------------------------------	---

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all Involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full TOMMY GAZBARK	Badge/ID No. 1684	NCIC No. 02701	Precinct/Post Troop/Zone W	Station/Beat/Sector 52	Reviewing Officer 7-3-11/1456 Sgt M. P. Wilson	Date/Time Reviewed
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-195689
FQ7235000028

AMENDED REPORT

19
3

1 - Accident Date: Month 6, Day 26, Year 2011. Day of Week: Sunday. Military Time: 01:00. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 - VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - Driver Information for Vehicle 1: License ID Number, State of Lic., Driver Name (LSA, UNKNOWN), Address, City/Town, State, Zip Code. Driver Information for Vehicle 2: License ID Number, State of Lic., Driver Name (PARKED), Address, City/Town, State, Zip Code.

3 - Date of Birth, Sex, Unlicensed status, No. of Occupants, Public Property Damaged for both vehicles.

4 - Name - exactly as printed on registration for both vehicles: LSA, UNKNOWN and ROUSE, JAVONNIA L.

4 - Address (Include Number and Street), Apt. No., City or Town, State, Zip Code for both vehicles.

5 - Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles.

2 - Ticket/Arrest Number(s) for both vehicles.

Violation Section(s) for both vehicles.

6 - 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.

7 - VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage.

1 - Vehicle Bv., Towed To: for both vehicles.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. Includes a diagram of a vehicle with numbered impact points.

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred 529 THURSTON ROAD.

Accident Description/Officer's notes: VEHICLE #2 WAS PARKED AT THE ABOVE LOCATION FACING SOUTH. VEHICLE #2 WAS PARKED THERE FROM 2100 HRS ON 6/25/11 TO 0200 HRS ON 6/26/11, WHEN UNKNOWN VEHICLE #1 STUCK VEHICLE #2 WITHIN THAT TIME FRAME. RO CHECKED THE AREA AND FOUND NO EVIDENCE LEFT BEHIND.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A through F.

Officer's Rank and Signature: Officer Steven J. Alberto. Badge/ID No. 1385. NCIC No. 02701. Precinct/Post Troop/Zone. Station/Beat Sector. Reviewing Officer: Michael Perkowski. Date/Time Reviewed: 7/3/2011 20:37.

USE COVER SHEET
N

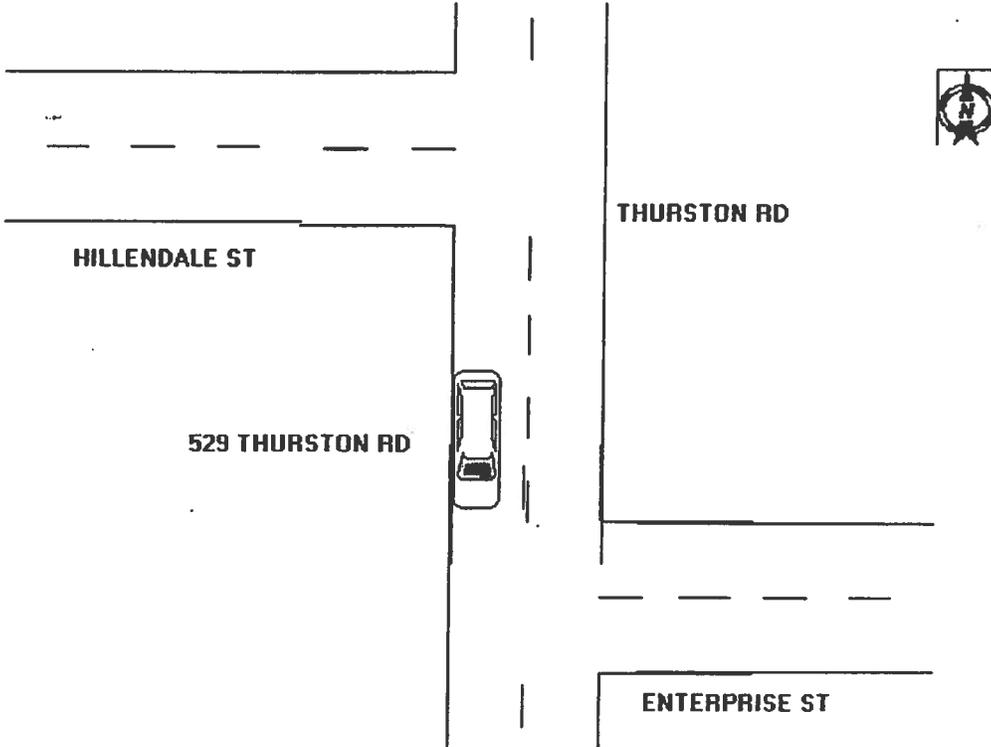
POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-195689
FQ723500028

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 checked="" type="checkbox"/>	Police Photos
Month	Day	Year	Sunday	01:00	2	0	0	Accident Reconstructed <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	26	2011								



POLICE ACCIDENT REPORT

MV-104A (3/04)

19
25

Local Codes
11-192018
FQ7073000047

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	Police Photos	20
-	Month: 6, Day: 23, Year: 2011	Thursday	16:08	1	0	0	<input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-

VEHICLE 1				<input type="checkbox"/> VEHICLE	<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.	21
-	806755142	NY			

Driver Name - exactly as printed on license			Driver Name - exactly as printed on license		
DRISCOLL, TIMOTHY C					

Address (Include Number and Street)			Address (Include Number and Street)		
596 POST AVE					

City or Town			City or Town		
ROCHESTER					

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22
2	Month: 10, Day: 11, Year: 1953	M	<input type="checkbox"/>	03	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	

Name - exactly as printed on registration			Name - exactly as printed on registration		
DRISCOLL, TIMOTHY C					

Address (Include Number and Street)			Address (Include Number and Street)		
596 POST AVE					

City or Town			City or Town		
ROCHESTER					

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
1	DHN1807	NY	2009 KIA	SUBN	219					

Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					

Violation Section(s)						Violation Section(s)					

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.								25
1	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;									3
	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;									26
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;									
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.									

VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES		
Box 1 - Point of Impact	3	1	1	2	
Box 2 - Most Damage		2			

Enter up to three more damage codes			Enter up to three more damage codes		
3 4 5			3 4 5		

Vehicle Bv: 451-ALLIANCE			Vehicle Bv: 451-ALLIANCE		
Towed: To: 451-ALLIANCE			Towed: To:		

VEHICLE DAMAGE CODING:					
1-13 SEE DIAGRAM ON RIGHT.					

14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER

Cost of repairs to any one vehicle will be more than \$1000.					
<input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>

Road on which accident occurred <u>BROOKS AV</u>		(Route Number or Street Name)
at 1) intersecting street <u>THURSTON RD</u>		(Route Number or Street Name)

or 2) _____ of _____		(Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's notes											
--------------------------------------	--	--	--	--	--	--	--	--	--	--	--

ON ABOVE DATE AND TIME (V1) WAS TRAVELING SOUTHBOUND ON THURSTON RD, APPROACHING THE INTERSECTION AT BROOKS AVE. (V1) WAS PREPARING TO TURN LEFT; EASTBOUND ONTO POST AVE, WHEN A PEDESTRIAN, IGNORING THE PED CROSSING SIGNAL BEGAN TO CROSS IN FRONT OF HER VEHICLE. (V1) IN ATTEMPT TO NOT STRIKE PEDESTRIAN SWERVED TO THE RIGHT, AND STRUCK A GAS UTILITY POLE ON THE SOUTHEAST SIDEWALK OF THE INTERSECTION. FIRE DEPT AND ROCHESTER GAS AND ELECTRIC O/S AND REPORTED NO DAMAGE TO POLE, BUT NOTICED A SMALL GAS LEAK WHICH WAS REMEDIATED BY RG&E. NO

	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	57	M	-	-	-				DRISCOLL, TIMOTHY C	
B	1	4	4	1	12	M	-	-	-				DRISCOLL, DAVID	
C	1	3	4	1	12	M	-	-	-				DRISCOLL, DAVID	
D														
E														
F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Officer: <i>DW</i>	1980	02701	---	---	Waldo, Richard E JR	6/24/2011 21:03

ALL INVOLVED

USE COVER SHEET
N

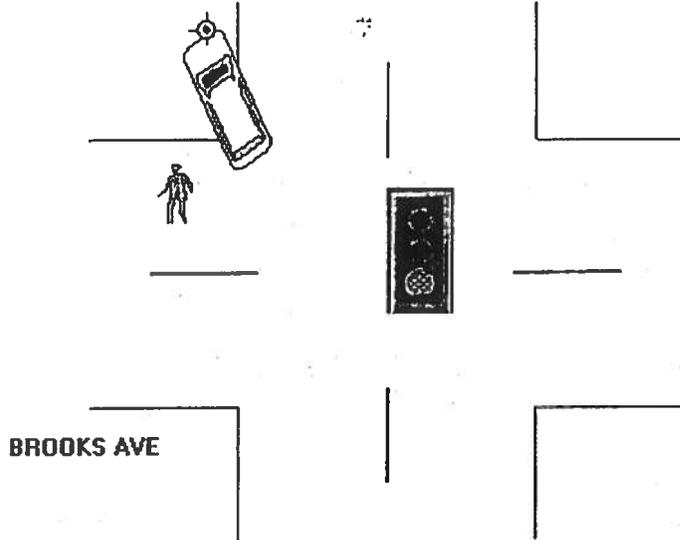
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-192018
FQ7073000047

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Thursday	16:08	1	0	0	Accident Reconstructed <input type="checkbox"/>		
6	23	2011								

THURSTON RD



BROOKS AVE

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

19
4

Local Codes
11-173978

AMENDED REPORT

Accident Date Month: 06, Day: 09, Year: 11	Day of Week Thu	Military Time 1341	No. of Vehicles 2	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--------------------	-----------------------	----------------------	------------------	-----------------	--	--	---

VEHICLE 1 - Driver License ID Number: 511 184 394 Driver Name: COLA, MARIA, E Address: 60 D Northgate Mnr, Rochester, NY 14616				VEHICLE 2 - Driver License ID Number: 381 659 433 Driver Name: white, INDIANCE, E Address: 214 Trafalgar, Rochester, NY 14619			
--	--	--	--	---	--	--	--

Date of Birth: 09/12/57, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 07/49, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>
---	--	--	--

City or Town: Rochester, State: NY, Zip Code: 14616	City or Town: Rochester, State: NY, Zip Code: 14619
---	---

Plate Number: E198702, State of Reg: NY, Vehicle Year & Make: 2003 Ford, Vehicle Type: 4D, Ins. Code: 59	Plate Number: 270, State of Reg: NY, Vehicle Year & Make: 2009 Ford, Vehicle Type: 4D, Ins. Code: 089
--	---

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 Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5
--	--

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Reference Marker: _____ Coordinates (if available): _____
Place Where Accident Occurred:
County: Monroe City: Village: Town: Rochester
Road on which accident occurred: Beards Av (Route Number or Street Name)
at 1) intersecting street: Thomson Rd (Route Number or Street Name)
or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes: veh #1 was traveling EWB on Beards Av when she struck veh #2 which traveling EWB in front of veh #1. When veh #1 attempted to brake, she pushed the accelerator instead of the brake.

	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	S3	F	1	12	6	9993	2706			DRIVER 1	
B	2	1	4	1	63	M	4	12	6	9993	2706			DRIVER 2	
C															
D															
E															
F															

Officer's Rank and Signature: P.O. Michael Palmer
Print Name: M. Schmidt
Badge/ID No.: 1597
NCIC No.: 0211
Precinct/Post: WEL
Station/Beat/Sector: 53
Reviewing Officer: Sgt. Williams
Date/Time Reviewed: 6-14-11/1303

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
4

Local Codes
11-153338
FQ7223000018

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	20
	Month 5 Day 21 Year 2011	Saturday	02:00	2	0	0	Accident Reconstructed <input type="checkbox"/>			

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
	699169245	NY			
	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license			
	JOHNSON, ASHLEY T	PARKED,			

	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	342 WOODBINE AVENUE				
	City or Town	State	City or Town	State	Zip Code
	ROCHESTER	NY			14619

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	
1	Month 12 Day 4 Year 1988	F	<input type="checkbox"/>	01	<input type="checkbox"/>	Month 00 Day 00 Year 00		<input type="checkbox"/>	00	<input type="checkbox"/>	

	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	
	GLASGOW, LENETHIA L	F	Month 5 Day 21 Year 1980	DAVIS, ERIC D		Month 6 Day 7 Year 1965	

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	
4	808 SOUTH PLYMOUTH AVENUE		-	<input type="checkbox"/>	609 NORTH STREET		-	<input type="checkbox"/>	
	City or Town	State	City or Town	State	Zip Code		Zip Code		
	ROCHESTER	NY	ROCHESTER	NY	14608	ROCHESTER	14605		

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
1	FLP9521	NY	1996 PONT	4DSD	689	EUR2950	NY	2002 MERC	SUBN	273

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

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.
1	<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.	

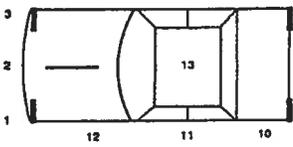
7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM
1	Box 1 - Point of Impact Box 2 - Most Damage	Box 1 - Point of Impact Box 2 - Most Damage	
	Enter up to three more damage codes	Enter up to three more damage codes	
	3 4 5	9 4 5	

	Vehicle Bv:	Vehicle Bv:	See the last page of the MV-104A for the accident diagram.
	Towed: To:	Towed: To:	

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER



Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>
	Longitude/Easting:	Road on which accident occurred <u>THURSTON ROAD</u> (Route Number or Street Name)
		at 1) intersecting street <u>BROOKS AVENUE</u> (Route Number or Street Name)
		or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S of _____ feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

VEHICLE 2 WAS PARKED NE FACING N/B AT THE INTERSECTION OF THURSTON ROAD AND BROOKS AVENUE. VEHICLE 1 WAS DRIVING N/B ON THURSTON AND STRUCK THE PARKED VEHICLE IN THE REAR.

N

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	22	F	-	-	-				JOHNSON, ASHLEY T		
B																
C																
D																
E																
F																
Officer's Rank and Signature											Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
JEFFREY KESTER											2230	02701	W54		Rodriguez, Juan M	5/31/2011 06:54

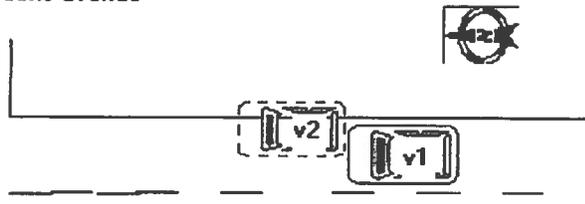
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-153338
FQ7223000018

AMENDED REPORT

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	Day	Year						Accident Reconstructed <input type="checkbox"/>		
5	21	2011	Saturday	02:00	2	0	0			

brooks avenue



thurston road

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
11-134182

AMENDED REPORT

DMV COPY

19
7

1	Accident Date Month: 5 Day: 7 Year: 2011	Day of Week SAT	Military Time 1150	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--------------------	-----------------------	----------------------	------------------	-----------------	--	-------------------------------------	---

2	VEHICLE 1 License ID Number: 269 875 423 Driver Name: SULLIVAN, RICHARD, Y. Address: 1095 LEE ROAD City/Town: ROCHESTER, NY State: NY Zip Code: 14600				VEHICLE 2 License ID Number: 935 159 947 Driver Name: BELL, SONJA, T. Address: 154 WOODBURY RD City/Town: ROCHESTER, NY State: NY Zip Code: 14600			
---	--	--	--	--	--	--	--	--

3	Date of Birth: 10/53 M Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 8/17/74 F Sex: F Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input type="checkbox"/>
---	--	--

4	Name: DRIVER Sex: M Date of Birth: [blank] Address: [blank]	Name: LANE, ALTHREE Sex: F Date of Birth: [blank] Address: 144 B GREEN KNOLL RD B
---	--	--

5	Plate Number: BHM 4255 State of Reg: NY Vehicle Year & Make: 99 GMC Vehicle Type: SUBV Ins. Code: 182	Plate Number: ELT 7668 State of Reg: NY Vehicle Year & Make: 2000 HONDA Vehicle Type: 2DR Ins. Code: 328
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6	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	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 3 3 Box 2 - Most Damage: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 6 Box 2 - Most Damage: 2 4 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)
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8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Diagram showing vehicle damage locations (1-13) on a car chassis.
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9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE City: ROCHESTER Road on which accident occurred: 360 THURSTON RD. at 1) intersecting street: PENHURST ST. or 2) [blank] of [blank] (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: VEH-1 WAS PULLING ONTO THURSTON RD. WHEN IT HAD A COLLISION WITH VEH-2, CAUSING DAMAGE. OPER-1 SAID HE HAD PULLED OUT ALMOST TO THE DOUBLE YELLOW LINE & WAS STUCK BY VEH-2. OPER-2 SAID VEH-1 STUCK HER AS SHE WAS DRIVING BY. NO INJURIES.
@ JOE WEEKLY PH# 424-0660 / @ YESSERIA RIOS 305-4182

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	4	1	58	M	-	-	-	-	-	-	-	Richard Sullivan	
B	1	3	4	1	81	M	-	-	-	-	-	-	-	Harvey Sullivan	
C	2	1	4	1	36	F	-	-	-	-	-	-	-	SONJA J. BELL	
D	2	4	5	1	3	F	-	-	-	-	-	-	-	CAMILIAN JEFFERSON	
E															
F															

Officer's Rank and Signature: P.D. [Signature]	Badge/ID No.: 757	NCIC No.: 02701	Precinct/Post/Troop/Zone: W	Station/Beav/Sector: 52	Reviewing Officer: Sgt PNY2223	Date/Time Reviewed: 5/17/11
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-130575
FQ716200024

AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
-	Month 5 Day 4 Year 2011	Wednesday	15:28	2	0	0	<input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	-

2	VEHICLE 1 - Driver License ID Number 327621181	State of Lic. NY	VEHICLE 2 - Driver License ID Number 356813793	State of Lic. NY	21
-	Driver Name - exactly as printed on license BRADLEY, LATRICE D	Driver Name - exactly as printed on license MILHOUSE, WILMA J	7		

3	Address (Include Number and Street) 467 WESTFIELD ST	Apt. No.	Address (Include Number and Street) 100 RAVENWOOD AVE	Apt. No.	22
-	City or Town ROCHESTER State NY Zip Code 14607		City or Town ROCHESTER State NY Zip Code 14619		-

3	Date of Birth Month 11 Day 19 Year 1972 Sex F Unlicensed <input checked="" type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/>	Date of Birth Month 9 Day 15 Year 1943 Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/>	23
3	Name - exactly as printed on registration BRADLEY, LATRICE D Sex F Date of Birth Month 11 Day 19 Year 1972	Name - exactly as printed on registration MILHOUSE, WILMA J Sex F Date of Birth Month 9 Day 15 Year 1943	5

4	Address (Include Number and Street) PO BOX 31523	Apt. No.	Address (Include Number and Street) 100 RAVENWOOD AVE	Apt. No.	24
1	City or Town ROCHESTER State NY Zip Code 14603		City or Town ROCHESTER State NY Zip Code 14619		7

5	Plate Number EFT9245 State of Reg. NY Vehicle Year & Make 2004 CHEV Vehicle Type 2DSD Ins. Code 639	Plate Number DVT3992 State of Reg. NY Vehicle Year & Make 2007 LEXS Vehicle Type 4DSD Ins. Code 328	25
1	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	1

6	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.	25
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 2 Box 2 - Most Damage 2	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 5 Box 2 - Most Damage 5	ACCIDENT DIAGRAM	26
1	Enter up to three more damage codes 1 3 5	Enter up to three more damage codes 6 4 5	See the last page of the MV-104A for the accident diagram.	6

7	Vehicle Bv: Towed: To:	Vehicle Bv: Towed: To:	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27
1			1	

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>	-
	Longitude/Easting:	Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name)	
		at 1) intersecting street <u>RAVENWOOD AV</u> (Route Number or Street Name)	
		or 2) <input type="checkbox"/> N <input type="checkbox"/> S of _____ (Milepost, Nearest intersecting Route Number or Street Name)	
		feet miles <input type="checkbox"/> E <input type="checkbox"/> W	

Accident Description/Officer's notes
V1 OPERATED BY D2 SOUTHBOUND ON THURSTON RD APPROACHING INTERSECTION WITH RAVENWOOD AV. V2 OPERATED BY D2 ENTERS INTERSECTION FROM STOPPED POSITION CROSSING WESTBOUND. V1 STRIKES V2. NO INJURIES, VEHICLES CFBO.

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	38	F	-	-	-			BRADLEY, LATRICE D	
B	2	1	4	1	67	F	-	-	-			MILHOUSE, WILMA J	
C	2	5	5	1	X	F	-	-	-			WILSON, LONDON	
D													
E													
F													
Officer's Rank and Signature	OFFICER			Badge/ID No.	1750	NCIC No.	02701	Precinct/Post Troop/Zone	----	Station/Beat Sector	--	Reviewing Officer	Singletary, Laron
Print Name in Full	JUSTIN STEWART			Date/Time Reviewed	5/16/2011 19:12								

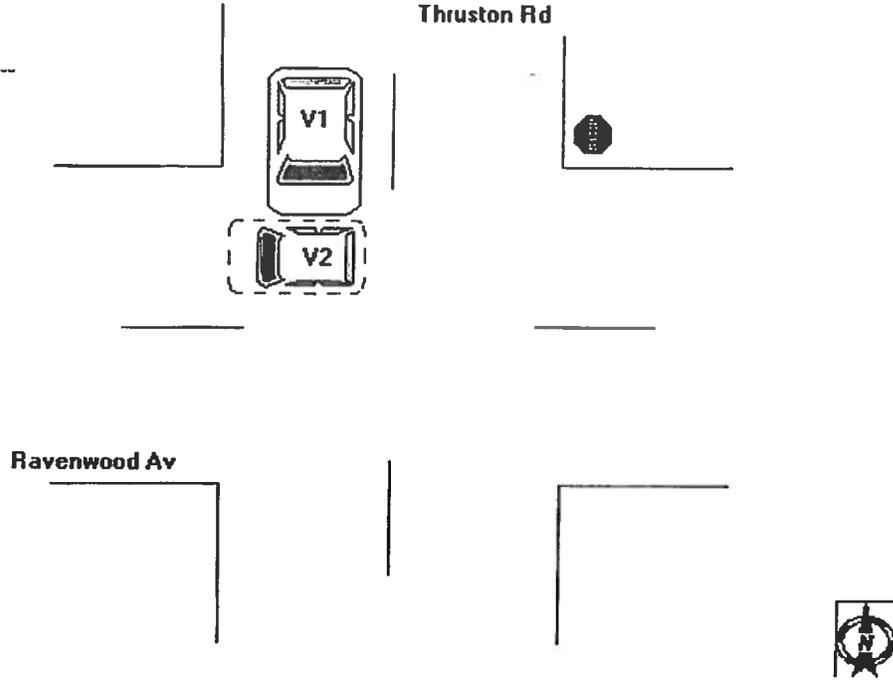
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-130575
FQ7162000024

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Wednesday	15:28	2	0	0	Accident Reconstructed <input type="checkbox"/>		
5	4	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

UNAMENDED REPORT AMENDED REPORT

1 Accident Date: Month 4, Day 22, Year 2011. Day of Week: Friday. Military Time: 19:54. No. of Vehicles: 1. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number: 787397289. State of Lic.: NY. VEHICLE 2 - Driver License ID Number: [blank]. State of Lic.: [blank].
4 Driver Name - exactly as printed on license: AARON, TIFFANY P. Driver Name - exactly as printed on license: BROWN, JANIER.

Address (Include Number and Street): 32 SPRUCE AVE. Apt. No.: [blank]. Address (Include Number and Street): 17 JANICE DR. Apt. No.: [blank].
City or Town: ROCHESTER. State: NY. Zip Code: 14611. City or Town: ROCHESTER. State: NY. Zip Code: 14624.

3 Date of Birth: Month 8, Day 9, Year 1987. Sex: F. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . Date of Birth: Month 3, Day 7, Year 2004. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: AARON, DEBRA R. Sex: F. Date of Birth: Month 4, Day 20, Year 1964. Name - exactly as printed on registration: [blank]. Sex: [blank]. Date of Birth: [blank].

4 Address (Include Number and Street): 32 SPRUCE AVE. Apt. No.: [blank]. Haz. Mat. Code: [blank]. Released: . Address (Include Number and Street): [blank]. Apt. No.: [blank]. Haz. Mat. Code: [blank]. Released: .

5 Plate Number: DRR7891. State of Reg.: NY. Vehicle Year & Make: 2003 JEEP. Vehicle Type: SUBN. Ins. Code: 100. Plate Number: [blank]. State of Reg.: [blank]. Vehicle Year & Make: [blank]. Vehicle Type: PED. Ins. Code: [blank].

1 Ticket/Arrest Number(s): [blank]. Ticket/Arrest Number(s): [blank].

Violation Section(s): [blank]. Violation Section(s): [blank].

6 VEHICLE DAMAGE CODING: 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: [blank]. Box 2 - Most Damage: [blank]. Enter up to three more damage codes: [blank].

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: [blank]. Box 2 - Most Damage: [blank]. Enter up to three more damage codes: [blank].

7 Vehicle Bv.: [blank]. Towed: To: [blank]. Vehicle Bv.: [blank]. Towed: To: [blank].

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER.

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

Reference Marker: [blank]. Coordinates (if available): Latitude/Northing: [blank]. Longitude/Easting: [blank]. Place Where Accident Occurred: County: MONROE. City: Village: Town: of ROCHESTER. Road on which accident occurred: THURSTON RD. at 1) intersecting street: [blank]. or 2) 200 feet of ANTHONY ST.

30 Accident Description/Officer's notes: V1 OPERATED BY D1 NORTHBOUND ON THURSTON RD PASSES ANTHONY ST AND APPROACHES MILTON ST. BETWEEN ANTHONY ST AND MILTON ST AT ROUGHLY 372 THURSTON RD PEDESTRIAN ENTERS ROADWAY FROM THE EAST SIDE OF THE STREET BETWEEN A CADILLAC SUV AND A CORVETTE PARKED ON THE STREET. V1 STRIKES PEDESTRIAN WITH ITS FRONT PASSENGER CORNER/SIDE PASSENGER CORNER. D1 STATES SHE DID NOT SEE PEDESTRIAN AND ONLY HEARD THE SOUND OF SOMETHING HITTING HER VEHICLE. D1 MAKES EASTBOUND TURN ONTO MILTON ST AND PARKS VEHICLE. D1 GETS OUT AND SEES PEDESTRIAN IN THE

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	23	F	-	-	-			AARON, TIFFANY P	
B	P	-	-	-	7	M	01	03	2	9409	2706	BROWN, JANIER	
C													
D													
E													
F													

Officer's Rank and Signature: OFFICER JUSTIN STEWART. Badge/ID No.: 1750. NCIC No.: 02701. Precinct/Post Troop/Zone: [blank]. Station/Beat Sector: [blank]. Reviewing Officer: Joseph, David A. Date/Time Reviewed: 4/23/2011 22:36.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

AMENDED REPORT

1	Accident Date Month: 4, Day: 22, Year: 2011	Day of Week Friday	Military Time 19:54	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
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3	Driver Name - exactly as printed on license	Address (Include Number and Street)	Apt. No.	City or Town	State	Zip Code	22
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3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
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4	Name - exactly as printed on registration	Date of Birth Month: , Day: , Year:	Address (Include Number and Street)	Apt. No.	City or Town	State	Zip Code	24
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4	Name - exactly as printed on registration	Date of Birth Month: , Day: , Year:	Sex	Date of Birth Month: , Day: , Year:	25
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5	Ticket/Arrest Number(s)	Violation Section(s)	25
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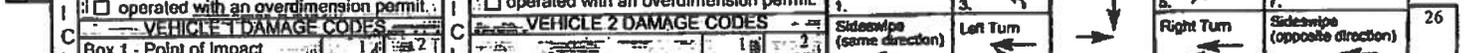
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	VEHICLE 1 DAMAGE CODES	1	2	3	4	5	6	7	8	9	10	11	12	26
---	--	------------------------	---	---	---	---	---	---	---	---	---	----	----	----	----

7	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	27
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1	Vehicle Bv. Towed: To:	2	Vehicle Bv. Towed: To:	28
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VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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



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)	Place Where Accident Occurred:	29
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County MONROE City Village Town of _____

Road on which accident occurred _____ (Route Number or Street Name)

at 1) intersecting street _____ (Route Number or Street Name)

or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

ROAD. 911 IS CALLED. PEDESTRIAN IS TAKEN TO STRONG HOSPITAL BY RURAL METRO 9409. PEDESTRIAN HAS BLEEDING ON BRAIN AND IS IN CRITICAL CONDITION PER DR RUBENSTEIN. DEPOSITIONS WERE TAKEN FROM D1 AND W1. A VIDEO OF INCIDENT WAS CAPTURED BY THE CAMERA AT ECLISPE BAR AND GRILL WHICH APPEARS TO VALIDATE THE ABOVE CIRCUMSTANCES. SGT MARTIN CAME TO SCENE FOR ACCIDENT RECONSTRUCTION. PHOTOS WERE TAKEN AND TECHNICIANS RESPONDED FOR TECH WORK. D1 AND V1 VALID.

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only	30
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A	B	C	D	E	F	30
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Officer's Rank and Signature	OFFICER	Badge/ID No.	1750	NCIC No.	02701	Preclnc/Post Troop/Zone	----	Station/Beat Sector	---	Reviewing Officer	Joseph, David A	Date/Time Reviewed	4/23/2011 22:36
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Print Name In Full: JUSTIN STEWART

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

AMENDED REPORT

19

1 Accident Date: Month 4, Day 22, Year 2011. Day of Week: Friday. Military Time: 19:54. No. of Vehicles: 1. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number, State of Lic., Driver Name, Address, City or Town, State, Zip Code. VEHICLE 2 - Driver License ID Number, State of Lic., Driver Name, Address, City or Town, State, Zip Code.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles.

4 Name - exactly as printed on registration, Sex, Date of Birth, Address, City or Town, State, Zip Code for both vehicles.

5 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles.

6 Ticket/Arrest Number(s), Violation Section(s) for both vehicles.

7 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 1-3), VEHICLE 2 DAMAGE CODES (Box 1-3), ACCIDENT DIAGRAM (Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.)

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER. 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: County MONROE, Road on which accident occurred, at 1) intersecting street, or 2) N S of E W (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes: WITNESS #1 - JOYCE SMITH 17 JANICE DR ROCHESTER NY 14624 (585) 889-4043 Ext.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F. Includes Officer's Rank and Signature: OFFICER JUSTIN STEWART, Badge/ID No. 1750, NCIC No. 02701, Station/Beat Sector, Reviewing Officer: Joseph, David A, Date/Time Reviewed: 4/23/2011 22:36.

USE COVER SHEET
N

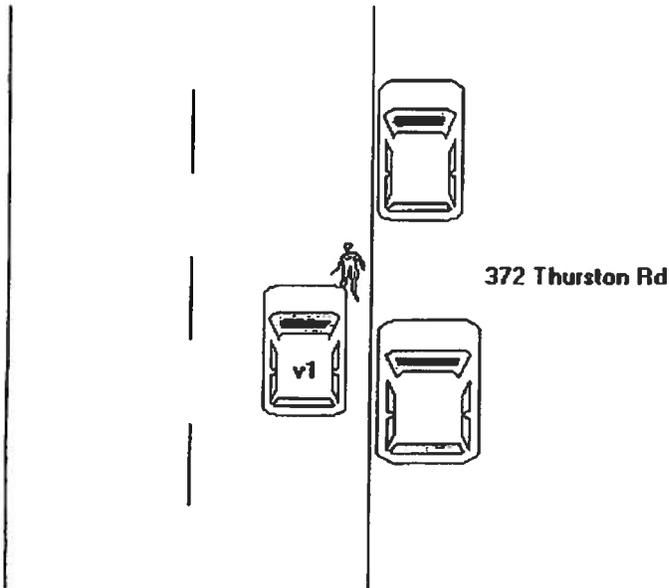
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-117686
FQ7162000023

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Friday	19:54	2	1	0	Accident Reconstructed <input checked="" type="checkbox"/>		
4	22	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
11-100635

AMENDED REPORT

19
18

1	Accident Date Month: 4 Day: 7 Year: 11	Day of Week THURS	Military Time 1105	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
	Accident Reconstructed <input type="checkbox"/>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

2	VEHICLE 1 - Driver License ID Number 681 454 711	State of Lic. NY	VEHICLE 2 - Driver License ID Number PARKED	State of Lic.
	Driver Name - exactly as printed on license BUNTON, ROBERT	Address (Include Number & Street) 195 ABERDEEN ST.	Driver Name - exactly as printed on license	Address (Include Number & Street)
	City or Town ROCHESTER	State NY	City or Town	State NY

3	Date of Birth Month: 2 Day: 3 Year: 39	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 11 Day: 26 Year: 49	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 3	Public Property Damaged <input type="checkbox"/>
	Name - exactly as printed on registration BUNTON, BARBARA	Sex F	Date of Birth Month: 11 Day: 26 Year: 49	Name - exactly as printed on registration THOMPSON, HARRY, J	Sex M	Date of Birth Month: 10 Day: 16 Year: 45	Sex M	Date of Birth Month: 10 Day: 16 Year: 45	Address (Include Number & Street) 569 THURSTON RD	Address (Include Number & Street) 3
	City or Town ROCHESTER	State NY	City or Town ROCHESTER	State NY	City or Town ROCHESTER	State NY	City or Town ROCHESTER	State NY	City or Town ROCHESTER	State NY

4	Plate Number 45602JF	State of Reg. NY	Vehicle Year & Make 2001 CHEV P/U	Vehicle Type P/U	Ins. Code 011	Plate Number AKT4010	State of Reg. NY	Vehicle Year & Make 98 BUICK	Vehicle Type 4DR	Ins. Code 011
5	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)	Violation Section(s)

6	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.
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 9. THURSTON RD N↓ Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: <u>MIDDLESEX</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred: <u>573 THURSTON RD</u> (Route Number or Street Name) at 1) Intersecting street: _____ (Route Number or Street Name) or 2) <u>100</u> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>MIDVALE TR.</u> (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: VEH-1 WAS TURNING INTO THE DRIVEWAY WHEN IT STRUCK VEH-2 WITH ITS REAR WHEEL PORTION, CAUSING DAMAGE TO THE FRONT OF VEH-2, WHICH WAS PARKED AND UNOCCUPIED.

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	2	1	72	M	-	-	-	-	-	-	-	ROBERT BUNTON	
B	1	3	2	1	19	M	-	-	-	-	-	-	-	DEANORE BUNTON	
C	2	-	-	-	-	-	-	-	-	-	-	-	-	PARKED	
D															
E															
F															

Officer's Rank and Signature Print Name In Full	<u>PO HOLMES</u> <u>J. E. HOLMES</u>	Badge/ID No. <u>975102201</u>	NCIC No.	Precinct/Post Troop/Zone <u>W</u>	Station/Beat/Sector <u>52</u>	Reviewing Officer <u>Bochy</u>	Date/Time Reviewed <u>4/7/11 1420</u>
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USE COVER SHEET

N

POLICE ACCIDENT REPORT
MV-104A (3/04)

19
18

Local Codes
11-080056
FQ7162000017

AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
	Month 3 Day 18 Year 2011	Friday	19:14	2	0	0	<input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
	156093486	NY	443106884	NY	
	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license			
	BANKS, SHEM A	JONES, CONSTANCE S			

	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	74 COLGATE ST		413 POST AVE		
	City or Town	State	City or Town	State	
	ROCHESTER	NY	ROCHESTER	NY	
	Zip Code	Zip Code	Zip Code	Zip Code	
	14619	14619	14619	14619	

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22
	Month 8 Day 28 Year 1979	M	<input type="checkbox"/>	01	<input type="checkbox"/>	Month 4 Day 15 Year 1987	F	<input type="checkbox"/>	05	<input type="checkbox"/>	

	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	23
	BANKS, SHEM A	M	Month 8 Day 28 Year 1979	JONES, CONSTANCE S	F	Month 4 Day 15 Year 1987	1

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	24
	74 COLGATE ST		-	<input type="checkbox"/>	413 POST AVE		-	<input type="checkbox"/>	1
	City or Town	State	City or Town	State	City or Town	State	City or Town	State	
	ROCHESTER	NY	ROCHESTER	NY	ROCHESTER	NY	ROCHESTER	NY	
	Zip Code	Zip Code	Zip Code	Zip Code	Zip Code	Zip Code	Zip Code	Zip Code	
	14619	14619	14619	14619	14619	14619	14619	14619	

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	CKP5417	NY	2010 KIA	SUBN	100	FGH5737	NY	1998 MERC	4DSD	639	

1	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
			2

	Violation Section(s)	Violation Section(s)	25
			2

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.	26
	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;		
	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;		
	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;		
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.		

7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM	26
	Box 1 - Point of Impact	Box 1 - Point of Impact	See the last page of the MV-104A for the accident diagram.	
	Box 2 - Most Damage	Box 2 - Most Damage		
	Enter up to three more damage codes	Enter up to three more damage codes	9.	
	1 2 3 4 5	1 2 3 4 5	Cost of repairs to any one vehicle will be more than \$1000.	27
			<input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	1

	Vehicle Bv. Towed: To:	Vehicle Bv. Towed: To:	27
			1

	VEHICLE DAMAGE CODING:	1-13 SEE DIAGRAM ON RIGHT.	28
	14. UNDERCARRIAGE	17. DEMOLISHED	1
	15. TRAILER	18. NO DAMAGE	
	16. OVERTURNED	19. OTHER	

	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
		Latitude/Northing:	County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>	
		Longitude/Easting:	Road on which accident occurred <u>THURSTON RD</u> (Route Number or Street Name)	
			at 1) intersecting street <u>DUNBAR ST</u> (Route Number or Street Name)	
			or 2) <input type="checkbox"/> N <input type="checkbox"/> S of _____ (Route Number or Street Name)	
			feet _____ miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)	

	Accident Description/Officer's notes	30
	V1 OPERATED BY D1 STOPPED AT STOP SIGN FACING W/B ON DUNBAR ST AN INTERSECTION WITH THURSTON RD. V2 OPERATED BY D2 N/B ON THURSTON RD APPROACHING DUNBAR ST. V1 TURNS N/B AND STRIKES V2. VEHICLES CFBO.	

	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	31	M	-	-	-			BANKS, SHEM A	
B	2	1	4	1	23	F	-	-	-			JONES, CONSTANCE S	
C	2	4	4	1	9	M	-	-	-			JOHNSON, MAILK	
D	2	6	4	1	12	M	-	-	-			WILLIAMS, SHAHEID	
E	2	5	4	1	8	M	-	-	-			JOHNSON, JOSHUA	
F	2	3	4	1	39	F	-	-	-			JOHNSON, PASCHA	

	Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
	OFFICER	1750	02701	----	--	Waldo, Richard E JR	3/23/2011 20:04
	Print Name in Full	JUSTIN STEWART					

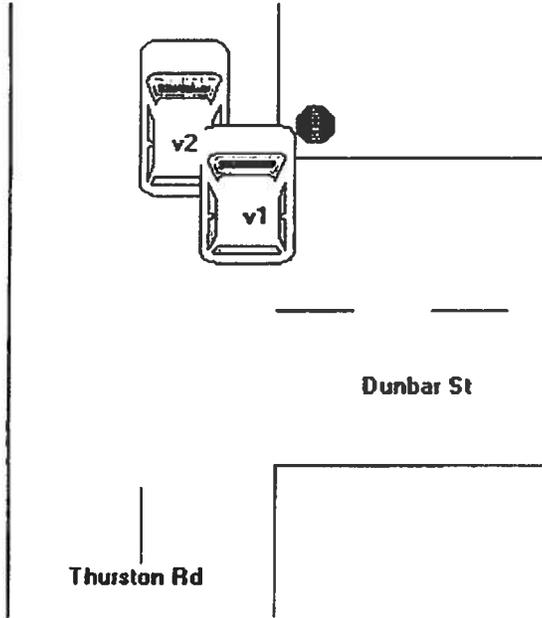
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
11-080056
FQ7162000017

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	19:14	2	0	0	Accident Reconstructed <input type="checkbox"/>		
3	18	2011								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
77-060315

AMENDED REPORT

DMV COPY

19
4

1	Accident Date Month: 3, Day: 1, Year: 2011	Day of Week TUES	Military Time 1147	No. of Vehicles 4	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2	VEHICLE 1 - Driver License ID Number: 247 699 972 Driver Name: SMITH, JAMES, JR. Address: 46 SPRUCE AVE City: ROCHESTER, NY State: NY, Zip Code: 14601				VEHICLE 2 - Driver License ID Number: PARKED Driver Name: [blank] Address: [blank] City: [blank], State: [blank], Zip Code: [blank]				21
---	---	--	--	--	---	--	--	--	----

3	Date of Birth: 8/20/39, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>	Date of Birth: [blank], Sex: [blank], Unlicensed: <input type="checkbox"/> , No. of Occupants: [blank], Public Property Damaged: <input type="checkbox"/>	22
4	Name: SMITH, BEVERLY, W, F, DOB: 10/23/66, Address: JAME, City: [blank], State: [blank], Zip Code: [blank]	Name: RAHMAN, IJLAL, M, DOB: 10/13/76, Address: 133 SQUARVIEW LANE, City: ROCHESTER, NY, State: NY, Zip Code: 14626	23

5	Plate Number: JAMIE794, State of Reg: NY, Vehicle Year & Make: 97 CHEV SUBV, Vehicle Type: SUVAN, Ins. Code: 328	Plate Number: EUR2200, State of Reg: NY, Vehicle Year & Make: 99 BUICK, Vehicle Type: 4DRD, Ins. Code: 100	24
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6	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.	25
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 2 Box 2 - Most Damage: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 8, 8 Box 2 - Most Damage: 2, 4, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	26
---	---	---	---	----

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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: County: MONROE, City: ROCHESTER Road on which accident occurred: at 1) intersecting street: or 2) _____ of _____ Feet Miles (Milepost, Nearest intersecting Route Number or Street Name)	27
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Accident Description/Officer's Notes: VEH. 1 WAS PARKED BEHIND VEH. 2 WHEN THE DRIVER'S FOOT SLIPPED OFF THE BRAKES OUT THE GAS, CAUSING VEH. 2 TO STRIKE VEH. 3, WHICH STRUCK VEH. 4. ALL VEHICLES WERE UNOCCUPIED AND SUSTAINED DAMAGE. NO INJURIES.

	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	71	M	---	---	---	---	---	---	---	JAMES SMITH JR	
B	1	3	4	1	49	M	---	---	---	---	---	---	---	ROBERT WYATT	
C	2	---	---	---	---	---	---	---	---	---	---	---	---	PARKED	
D	3	---	---	---	---	---	---	---	---	---	---	---	---	PARKED	
E	4	---	---	---	---	---	---	---	---	---	---	---	---	PARKED	

Officer's Rank and Signature: P.O. [Signature]	Print Name in Full: J.E. HOLMES	Badge/ID No.: 757	NCIC No.: 02701	Precinct/Post Troop/Zone: 108	Station/Beat/Sector: 52	Revising Officer: Sgt Mahoney	Date/Time Reviewed: 3-1-11
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USE COVER SHEET

Local Codes
11-060315

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT **DMV COPY**

1	Accident Date Month: 3, Day: 1, Year: 2011	Day of Week TUES	Military Time 1147	No. of Vehicles 4	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------	-----------------------	----------------------	------------------	-----------------	--	-------------------------------------	---

2	VEHICLE 1 - Driver License ID Number PARKED	State of Lic.	VEHICLE 2 - Driver License ID Number PARKED	State of Lic.
Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
Address (Include Number & Street)		Address (Include Number & Street)		
City or Town		City or Town		

3	Date of Birth Month: 12, Day: 17, Year: 1945	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 8, Day: 17, Year: 1983	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration KIMBLE, JAMES		Name - exactly as printed on registration PARKS, CORY, N.								
Address (Include Number & Street) 438 AUGUSTINE ST.		Address (Include Number & Street) 49 WENDY LN								
City or Town ROCHESTER, NY		City or Town ROCHESTER, NY								

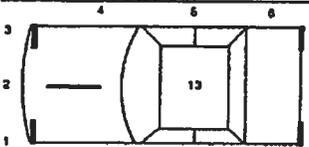
4	Plate Number AKK 2223	State of Reg. NY	Vehicle Year & Make 2001 CHEV	Vehicle Type JUN	Ins. Code 626	Plate Number EWS 9035	State of Reg. NY	Vehicle Year & Make 08 CADIL	Vehicle Type S JUN	Ins. Code 626
Ticket/Arrest Number(s)		Ticket/Arrest Number(s)								
Violation Section(s)		Violation Section(s)								

5	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		ACCIDENT DIAGRAM		
Box 1 - Point of Impact		Box 1 - Point of Impact		Rear End		
Box 2 - Most Damage		Box 2 - Most Damage		Left Turn		
Enter up to three more Damage Codes		Enter up to three more Damage Codes		Right Angle		
Vehicle By Towed:		Vehicle By Towed:		Right Turn		
				Head On		
				Sideswipe (same direction)		
				Left Turn		
				Right Turn		
				Sideswipe (opposite direction)		

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



9. 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: County <u>MONROE</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>380 THURSTON RD.</u> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>200</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>MILTON ST.</u> (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's Notes

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature Print Name in Full J.E. HOLMES	Badge/ID No. 751	NCIC No. 62701	Precinct/Post Troop/Zone W	Station/Beat/Sector 52	Reviewing Officer Sgt Mahoney	Date/Time Reviewed 3-1-11
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POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
11-042983
FQ7215000016

AMENDED REPORT

19
2

1 Accident Date: Month 2, Day 12, Year 2011. Day of Week: Saturday. Military Time: 01:22. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: []. Left Scene: [X]. Police Photos: [X] Yes [] No.

VEHICLE 1 [X] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

2 VEHICLE 1 Driver License ID Number: 996250478. State of Lic.: NY. VEHICLE 2 Driver License ID Number: []. State of Lic.: []. Driver Name - exactly as printed on license: COLLIER, FIFI E. PARKED, [].

Address (Include Number and Street): 185 MT HOPE AV APT 424. Apt. No.: [].

City or Town: ROCHESTER. State: NY. Zip Code: 14620.

3 Date of Birth: Month 6, Day 24, Year 1974. Sex: F. Unlicensed: []. No. of Occupants: 01. Public Property Damaged: [].

Name - exactly as printed on registration: COLLIER, FIFI E. Sex: F. Date of Birth: Month 6, Day 24, Year 1974.

Address (Include Number and Street): 185 MT HOPE AV APT 424. Apt. No.: [].

City or Town: ROCHESTER. State: NY. Zip Code: 14620.

Plate Number: CJT8287. State of Reg.: NY. Vehicle Year & Make: 2001 HOND. Vehicle Type: OT/V. Ins. Code: 071.

1 Ticket/Arrest Number(s): 721500MPQ, 734901MXFQ, 734901MZFQ.

Violation Section(s): 6001A, 11923, 11941B.

6 VEHICLE DAMAGE CODING: 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.

7 VEHICLE DAMAGE CODING: Box 1 - Point of Impact: [] 3 [] 2. Box 2 - Most Damage: [] 3 [] 3. Enter up to three more damage codes: [] 4 [] [] 5.

1 Vehicle Bv.: 451. Towed: To: 451.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER.



9. Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to determine [X] Yes [] No

Reference Marker: []. Coordinates (if available): Latitude/Northing: []. Longitude/Easting: [].

Place Where Accident Occurred: County MONROE. [X] City [] Village [] Town of ROCHESTER. Road on which accident occurred: 520 THURSTON RD.

at 1) intersecting street [] N [] S of THURSTON/HILLEDALE. or 2) 10 feet [] N [] S of THURSTON/HILLEDALE. [X] E [] W.

Accident Description/Officer's notes: ON THE ABOVE DATE AND TIME I WAS FLAGGED DOWN BY A PEDESTRIAN, THE RO OF VEH 2 STATING THAT HER CAR WAS PARKED AND STRUCK BY A GRAY MINIVAN THAT WAS LAST SEEN HEADED E/B DOWN FLANDERS ST. I THEN LOCATED VEH 1 AT 119 FLANDERS WITH DRIVER 1 IN THE DRIVERS SEAT. I TRANSPORTED THE DRIVER BACK TO THE SCENE BECAUSE I BELIEVED SHE WAS INTOXICATED. VEH 1 WAS TRAVELLING N/B ON THURSTON RD AND WITH THE FRONT RIGHT CORNER, VEH 1 SIDESWIPED THE REAR LEFT CORNER OF VEH 2. VEH 2 WAS PARKED ON THE SIDE OF THE ROAD FACING N/B AT THE TIME OF THE ACCIDENT. THE

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO 18, Names of all Involved, Date of Death Only.

Table with columns: A, B, C, D, E, F. Rows: COLLIER, FIFI E; JACKSON, TERALYN D.

Officer's Rank and Signature: Officer Timothy Luetz. Badge/ID No.: 2041. NCIC No.: 02701. Precinct/Post Troop/Zone: []. Station/Beat Sector: []. Reviewing Officer: Rodriguez, Juan M. Date/Time Reviewed: 2/16/2011 23:21.

ALL INVOLVED

30
USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19

Local Codes
11-042983
FQ7215000016

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"/>	20
Month	Day	Year	Saturday	01:22	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2 VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - Driver License ID Number				State of Lic.	21	
Driver Name - exactly as printed on license					Driver Name - exactly as printed on license						

3 Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	22	
City or Town				State	City or Town				State	Zip Code	

4 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"/>	23
Month	Day	Year					Month	Day	Year					

5 Name - exactly as printed on registration				Sex	Date of Birth	Name - exactly as printed on registration				Sex	Date of Birth	24
Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	
City or Town				State	Zip Code	City or Town				State	Zip Code	

6 Plate Number				State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number				State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
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7 Ticket/Arrest Number(s)				Violation Section(s)				Ticket/Arrest Number(s)				Violation Section(s)				26
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8 Check if involved vehicle is:				VEHICLE 1 DAMAGE CODES				Check if involved vehicle is:				VEHICLE 2 DAMAGE CODES				9. ACCIDENT DIAGRAM				27
<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.				Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				<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.				Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				

10 VEHICLE DAMAGE CODING:				11 14. UNDERCARRIAGE				15. TRAILER				16. OVERTURNED				17. DEMOLISHED				18. NO DAMAGE				19. OTHER				28
---------------------------	--	--	--	----------------------	--	--	--	-------------	--	--	--	----------------	--	--	--	----------------	--	--	--	---------------	--	--	--	-----------	--	--	--	----

12 Reference Marker				Coordinates (if available)				Place Where Accident Occurred:				County <u>MONROE</u>				<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____				29				
Latitude/Northing:				Longitude/Easting:				Road on which accident occurred _____				(Route Number or Street Name)				at 1) intersecting street _____				(Route Number or Street Name)				
or 2) _____				feet _____ miles _____				N _____ S _____				E _____ W _____				of _____				(Milepost, Nearest Intersecting Route Number or Street Name)				

13 Accident Description/Officer's notes
 RO OF VEH 2 WAS SITTING IN THE DRIVERS SEAT OF THE VEHICLE AT THE TIME OF THE ACCIDENT BUT WAS UNINJURED. DRIVER OF VEH 1 WAS ARRESTED FOR DWI AND WRITTEN A TICKET FOR LEAVING THE SCENE
 WITNESS #1 - TERALYN D JACKSON 154 NORTH UNION ST ROCHESTER NY 14605 (585) 490-5910 Ext.

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Officer <u>Timothy Luety</u>	Badge/ID No.	2041	NCIC No.	02701	Precinct/Post Troop/Zone	---	Station/Beat Sector	---	Reviewing Officer	Rodriguez, Juan M	Date/Time Reviewed	2/16/2011 23:21
Print Name in Full	Timothy Luety												

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

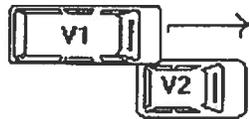
Local Codes
11-042983
FQ7215000016

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Saturday	01:22	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	12	2011								



THURSTON RD



520 THURSTON RD



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
11-040457

AMENDED REPORT DMV COPY

19
17

1	Accident Date Month: 02, Day: 09, Year: 2011	Day of Week WED	Military Time 1845	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--------------------	-----------------------	----------------------	------------------	-----------------	--	--	---

20
20

2	VEHICLE 1 - Driver License ID Number: UNKNOWN-LSA	State of Lic.: X	VEHICLE 2 - Driver License ID Number: 368 827 519	State of Lic.: NY
	Driver Name - exactly as printed on license: [Redacted]		Driver Name - exactly as printed on license: HOLMES, LAWRENCE, B	
	Address (Include Number & Street): [Redacted]	Apt. No.: X	Address (Include Number & Street): PO BOX 8056	Apt. No.: -
	City or Town: [Redacted]	State: X	City or Town: W WEBSTER	State: NY
	Zip Code: [Redacted]		Zip Code: 14580	

21
22

3	Date of Birth: [Redacted]	Sex: X	Unlicensed: <input type="checkbox"/>	No. of Occupants: X	Public Property Damaged: <input type="checkbox"/>	Date of Birth: 04/09/36	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 1	Public Property Damaged: <input type="checkbox"/>
	Name - exactly as printed on registration: MERRITT, SHARON, O	Sex: F	Date of Birth: 10/02/52	Name - exactly as printed on registration: DRIVER #2	Sex: -	Date of Birth: -	Sex: -	Date of Birth: -	Sex: -	Date of Birth: -
	Address (Include Number & Street): 61 PINEWOOD KNOLL	Apt. No.: -	Haz. Mat. Code: -	Address (Include Number & Street): -	Apt. No.: -	Haz. Mat. Code: -	Address (Include Number & Street): -	Apt. No.: -	Haz. Mat. Code: -	Address (Include Number & Street): -
	City or Town: ROCHESTER	State: NY	Zip Code: 14604	City or Town: -	State: -	Zip Code: -	City or Town: -	State: -	Zip Code: -	City or Town: -

23
5

4	Plate Number: PL88281	State of Reg.: NY	Vehicle Year & Make: 2001 INK	Vehicle Type: HDSD	Ins. Code: 6226	Plate Number: LBH434	State of Reg.: NY	Vehicle Year & Make: 2001 CHEV	Vehicle Type: PU	Ins. Code: 328
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24
5

5	Ticket/Arrest Number(s):	Violation Section(s):	Ticket/Arrest Number(s):	Violation Section(s):
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6	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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25
13

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 5 5 Box 2 - Most Damage: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 12 12 Box 2 - Most Damage: 3 4 5	ACCIDENT DIAGRAM #2
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26
6
27
1

VEHICLE DAMAGE CODING:	1-13. SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE	16. OVERTURNED	19. OTHER

28
1

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE City: [Redacted] Road on which accident occurred: THURSTON RD at 1) Intersecting street: BROOKS AV or 2) [Redacted]
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29

Accident Description/Officer's Notes: VEH 2 WAS PARKED STOPPED AT THE RED LIGHT SIGNALS S/B ON THURSTON RD AT BROOKS AV. VEH 1 WAS S/B ON THURSTON RD AND PASSED VEH 2 ON THE LEFT, RUNNING THE RED LIGHT, WHILE PASSING VEH 2, VEH 1 STRUCK THE LEFT SIDE OF VEH 2 WITH THE RIGHT SIDE OF VEH 1. NO INJURIES REPORTED. VEH 1 LEFT THE SCENE. PHOTOS TAKEN.

30
N

A	2	1	4	1	74	M	-	-	6	-	-	Names of all involved: DRIVER #2	Date of Death Only: -
B													
C													
D													
E													
F													

Officer's Rank and Signature: PO. [Redacted]	Badge/ID No.: 1840	NCIC No.: 0270	Precinct/Post: WEST	Station/Beat/Sector: 53	Reviewing Officer: [Redacted]	Date/Time Reviewed: 02/10/11 1835
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ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
11-009187

AMENDED REPORT **DMV COPY**

18
4

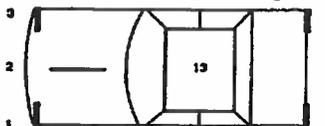
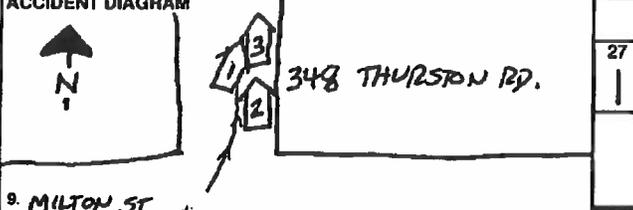
1	Accident Date Month: 1 Day: 9 Year: 2011	Day of Week SUNDAY	Military Time 1818	No. of Vehicles 3	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20	
	VEHICLE 1			<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Accident Reconstructed <input type="checkbox"/>							

2	VEHICLE 1 - Driver License ID Number 671 882 223	State of Lic. NY	VEHICLE 2 - Driver License ID Number PARKED	State of Lic.	21
	Driver Name - exactly as printed on license RUFFNER, DANIEL, R.	Driver Name - exactly as printed on license			
	Address (Include Number & Street) 6928 TELEPHONE ROAD	Apt. No.	Address (Include Number & Street)	Apt. No.	
	City or Town PAVILION	State NY	City or Town	State	Zip Code

3	Date of Birth Month: 11 Day: 1 Year: 83	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 3 Day: 23 Year: 63	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	22	
	Name - exactly as printed on registration RUFFNER, NANCY, E.	Sex F	Date of Birth Month: 6 Day: 25 Year: 53	Name - exactly as printed on registration DALMER, NORMA, J.	Sex F	Date of Birth Month: 3 Day: 23 Year: 63						23
4	Address (Include Number & Street) SAME AS DRIVER	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street) 101 BURLINGTON AV.	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>				24
	City or Town	State	Zip Code	City or Town ROCHESTER	State NY	Zip Code 14619						24

5	Plate Number FBL-4098	State of Reg. NY	Vehicle Year & Make 2010-KIA	Vehicle Type 4DSD	Ins. Code 639	Plate Number EP-8954	State of Reg. NY	Vehicle Year & Make 2000-PONT	Vehicle Type 4DSD	Ins. Code 011	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					
	Violation Section(s)					Violation Section(s)					

6	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.				25
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACIDENT DIAGRAM				26

7	Vehicle Towed: By 453 To 4 NIAGRA ST.	Vehicle Towed: By 453 To 4 NIAGRA ST.	ACIDENT DIAGRAM				27
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER							28
							29

Reference Marker			Coordinates (if available) Latitude/Northing: Longitude/Easting:			Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 348 THURSTON ROAD (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 _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)			28
						<input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			29

Accident Description/Officer's Notes (VI) TRAVELING NB ON THURSTON RD. DRIVER OF (VI) STATES HE IS A PIZZA HUT DELIVERY DRIVER AND HE WAS LOOKING DOWN AT A DELIVERY RECIPIT, WHICH CAUSED (VI) TO STRIKE (V2). (VI) SCRAPED ALONG THE ENTIRE DRIVERS SIDE OF (V2), THEN STRIKING (V3). BOTH (V2) AND (V3) WERE PARKED ON THE E/LB CURB. NO INJURIES.											30
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	B	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	25	M	-	-	-	-	-	-	-	DANIEL RUFFNER	-
B	2	3	4	1	24	M	-	-	-	-	-	-	-	KENT MATHIS	-
C															
D															
E															
F															

Officer's Rank and Signature PO. THOMAS DEANE III	Badge/ID No. 1954	NCIC No. 02701	Precinct/Pos Troop/Zone WEST	Station/Beat/Sector 52	Reviewing Officer Sgt. [Signature]	Date/Time Reviewed 1-13-10
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DMV COPY

USE COVER SHEET

Local Codes
11-009187

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (8/04)
DMV COPY

AMENDED REPORT

19
4

1	Accident Date Month: 1, Day: 9, Year: 2011	Day of Week SUNDAY	Military Time 1818	No. of Vehicles 3	No. Injured 0	No. Killed -	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
	Accident Reconstructed <input type="checkbox"/>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						

2	VEHICLE 1 - Driver License ID Number: PARKED Driver Name: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____				VEHICLE 2 - Driver License ID Number: _____ Driver Name: _____ Address: _____ City/Town: _____ State: _____ Zip Code: _____				21
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3	Date of Birth: _____ Sex: _____ Unlicensed: <input type="checkbox"/>	No. of Occupants: 0	Public Property Damaged: <input type="checkbox"/>	Date of Birth: _____ Sex: _____ Unlicensed: <input type="checkbox"/>	No. of Occupants: _____	Public Property Damaged: <input type="checkbox"/>	23
4	Name: ALOMARI, AHMED, A. M	Date of Birth: 7/51	Address: 58 STEARNS ST.	Name: _____	Date of Birth: _____	Address: _____	24

5	Plate Number: DBX-6233	State of Reg: NY	Vehicle Year & Make: 1995-HONDA	Vehicle Type: 4DRSD	Ins. Code: 328	25
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6	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.	26
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 10, 10	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	10

VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: ROCHESTER Road on which accident occurred: 348 THURSTON ROAD at 1) intersecting street: _____ or 2) _____ of _____ Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature P.O. Thomas Deane Jr	Badge/ID No. 1954	NCIC No. 02701	Precinct/Post Troop/Zone WEST	Station/Beat/ Sector 52	Reviewing Officer 88/12587	Date/Time Reviewed 1-13-10
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USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
66

Local Codes
12-389942
FQA122000043

AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
-	Month 12, Day 22, Year 2012	Saturday	16:46	2	1	0	<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.	21
-	520949006	NY	940201716	NY	-
Driver Name - exactly as printed on license			Driver Name - exactly as printed on license		
GRIFFIN, UNIQUE L			PETERSON, ERIC		
Address (Include Number and Street)			Address (Include Number and Street)		
9 RAVENWOOD AVE			9 PARR CIR		
City or Town			City or Town		
ROCHESTER			ROCHESTER		
State			State		
NY			NY		
Zip Code			Zip Code		
14619			14617		

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22
1	Month 11, Day 27, Year 1990	F	<input checked="" type="checkbox"/>	01	<input type="checkbox"/>	Month 8, Day 10, Year 1960	M	<input type="checkbox"/>	01	<input type="checkbox"/>	-
Name - exactly as printed on registration						Name - exactly as printed on registration					
BROWN, CEDRIC						PETERSON, ERIC					
Address (Include Number and Street)						Address (Include Number and Street)					
11 SILVER ST						9 PARR CIR					
City or Town						City or Town					
ROCHESTER						ROCHESTER					
State						State					
NY						NY					
Zip Code						Zip Code					
14611						14617					

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	23
1	FRB9040	NY	2001 VOLK	4DSD	327	GCK5563	NY	2008 GM	PICK	100	1
Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					
AAN6734280											
Violation Section(s)						Violation Section(s)					
5091											

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.	25
4	<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;		7
7	<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;		26
1	<input type="checkbox"/> operated with an overweight permit;	<input type="checkbox"/> operated with an overweight permit;	ACCIDENT DIAGRAM	3
	<input type="checkbox"/> operated with an overdimension permit.	<input type="checkbox"/> operated with an overdimension permit.	See the last page of the MV-104A for the accident diagram.	1

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	VEHICLE DAMAGE CODING:	27
Box 1 - Point of Impact	Box 1 - Point of Impact	1-13 SEE DIAGRAM ON RIGHT.	1
Box 2 - Most Damage	Box 2 - Most Damage	14. UNDERCARRIAGE	
Enter up to three more damage codes	Enter up to three more damage codes	15. TRAILER	
77	77	16. OVERTURNED	
Vehicle Bv:	Vehicle Bv:	17. DEMOLISHED	
Towed: To: 454	Towed: To:	18. NO DAMAGE	
		19. OTHER	

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>	-
	Longitude/Easting:	Road on which accident occurred <u>521 THURSTON ROAD</u>	
		(Route Number or Street Name)	
		at 1) intersecting street _____	
		(Route Number or Street Name)	
		or 2) <u>50</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> S of <u>HILLENDALE ST</u>	
		feet miles <input type="checkbox"/> E <input type="checkbox"/> W	
		(Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes

DRIVER OF V2 STATED HE WAS STOPPED SO HE COULD TURN LEFT (WEST) ONTO HILLENDALE ST, WHEN THE DRIVER OF V1 REAR ENDED HIM. DRIVER OF V1 STATED THE DRIVER OF V2 STOPPED SO FAST AND THE ROAD WERE TOO ICY TO STOP FAST ENOUGH AND SHE REAR ENDED V2. V2 HAD VERY LITTLE DAMAGE TO THE TAIL GATE. V2 WAS NOT TOWED. V1 HAD EXTENSIVE DAMAGE TO THE FRONT OF THE VEHICLE. V1 WAS TOWED, BY 454. DRIVER OF V1 STATED HER LEFT HAND HURT. AN AMBULANCE WAS CALLED AND THE DRIVER OF V1 REFUSED MEDICAL ATTENTION. DRIVER OF V2 WAS NOT INJURED. DRIVER OF V1 WAS

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	22	F	08	12	6				GRIFFIN, UNIQUE L	
B	2	1	4	1	52	M	-	-	-				PETERSON, ERIC	
C														
D														
E														
F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
PO <i>K. Maet</i>	2091	02701	WW	52	Rivers, Jon	12/27/2012 19:23
Print Name (in Full)						
Kaitlyn Turner						

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-389942
FQA122000043

AMENDED REPORT

1	Accident Date Month: 12, Day: 22, Year: 2012 Day of Week: Saturday Military Time: 16:46	No. of Vehicles: 2	No. Injured: 1	No. Killed: 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town, State, Zip Code	VEHICLE 2 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town, State, Zip Code	<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	21
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3	Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged Name - exactly as printed on registration Address (Include Number and Street) City or Town, State, Zip Code	Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged Name - exactly as printed on registration Address (Include Number and Street) City or Town, State, Zip Code	22
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4	Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code Ticket/Arrest Number(s) Violation Section(s)	Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code Ticket/Arrest Number(s) Violation Section(s)	23
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6	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.	24
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7	VEHICLE DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	25
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8	Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W	29
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Accident Description/Officer's notes
 GIVEN A TICKET FOR DRIVING ON A CLASS D PERMIT ONLY.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
	A												
	B												
	C												
	D												
	E												
Officer's Rank and Signature		PO <i>K. Mael</i>		Badge/ID No.	2091	NCIC No.	02701	Precinct/Post Troop/Zone	WW	Station/Beat Sector	52	Reviewing Officer	Rivers, Jon S
Print Name		Kaitlyn Turner		Date/Time Reviewed		12/27/2012		19:23					

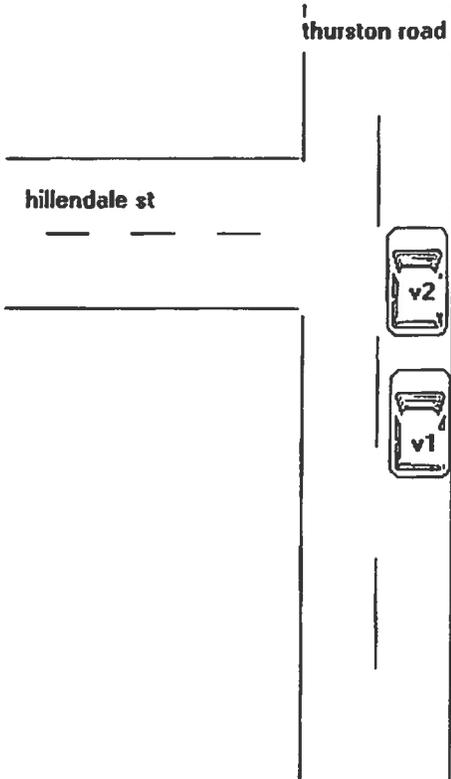
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 12 - 389942
FQA122000043

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"/> Yes <input checked="" type="checkbox"/> No
Month 12	Day 22	Year 2012	Saturday	16:46	2	1	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-387049
FQA501000007

AMENDED REPORT

19
4

1 - Accident Date: Month 12, Day 19, Year 2012; Day of Week: Wednesday; Military Time: 14:31; No. of Vehicles: 3; No. Injured: 1; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes, No; Accident Reconstructed:

2 - VEHICLE 1 - Driver License ID Number: 551771993; State of Lic.: NY; VEHICLE 2 - Driver License ID Number: [blank]; State of Lic.: [blank]; Driver Name - exactly as printed on license: GOOLSBY, EDWARD E; Driver Name - exactly as printed on license: PARKED,

3 - Address (Include Number and Street): 42 FIRESTONE DR; City or Town: ROCHESTER; State: NY; Zip Code: 14624; City or Town: [blank]; State: [blank]; Zip Code: [blank]

4 - Date of Birth: Month 2, Day 8, Year 1965; Sex: M; Unlicensed: ; No. of Occupants: 01; Public Property Damaged: ; Date of Birth: [blank]; Sex: [blank]; Unlicensed: ; No. of Occupants: 00; Public Property Damaged:

5 - Name - exactly as printed on registration: GOOLSBY, EDWARD E; Sex: M; Date of Birth: Month 2, Day 8, Year 1965; Name - exactly as printed on registration: KING, REBECCA L; Sex: F; Date of Birth: Month 1, Day 27, Year 1981

6 - Address (Include Number and Street): 42 FIRESTONE DR; City or Town: ROCHESTER; State: NY; Zip Code: 14624; Address (Include Number and Street): 56 HARVEY LANE; City or Town: SPENCERPORT; State: NY; Zip Code: 14559

7 - Plate Number: FDS2289; State of Reg.: NY; Vehicle Year & Make: 1997 FORD; Vehicle Type: 4DSD; Ins. Code: 672; Plate Number: CXJ9905; State of Reg.: NY; Vehicle Year & Make: 2007 HOND; Vehicle Type: SUBN; Ins. Code: 678

8 - Ticket/Arrest Number(s): [blank]; Violation Section(s): [blank]; Ticket/Arrest Number(s): [blank]; Violation Section(s): [blank]

9 - 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: 5, 2; Box 2 - Most Damage: [blank]. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 11, 11; Box 2 - Most Damage: 3, 4, 5

10 - VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

11 - Vehicle Bv: 454; Towed: To: 454; Vehicle Bv: [blank]; Towed: To: [blank]

12 - ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

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

14 - Reference Marker: [blank]; Coordinates (if available): Latitude/Northing: [blank]; Longitude/Easting: [blank]; Place Where Accident Occurred: County MONROE; City Village Town of ROCHESTER; Road on which accident occurred: 677 THURSTON RD; at 1) intersecting street: [blank]; or 2) 25 feet miles of ERNESTINE ST

15 - Accident Description/Officer's notes: V1 WAS TRAVELLING SOUTHBOUND ON THURSTON RD AND SIDESWIPE A PARKED CAR BEING V2 WHICH WAS UNOCCUPIED LEGALLY PARKED IN A SOUTHBOUND DIRECTION. V1 CONTINUED SOUTHBOUND AND REARENDED V3. V3 WAS TRAVELLING SOUTHBOUND ON THURSTON RD AND ATTEMPTING TO PARK IN FRONT OF 677 THURSTON ROAD. THE COLLISION CAUSED V3 TO TRAVELL FOWARD AND STRIKE A LIGHT POLE HEAD ON. THE DRIVER OF V3 WAS TRANSPORTED TO STRONG WITH COMPLAINTS OF HEAD AND BACK PAIN.

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	A	1	47	M	-	-	-			GOOLSBY, EDWARD E	
B	3	1	A	1	41	M	01	12	6	9339	2706	REED, DERICK S	
C													
D													
E													
F													

16 - Officer's Rank and Signature: OFFICER [Signature]; Badge/ID No.: 1788; NCIC No.: 02701; Precinct/Post Troop/Zone: [blank]; Station/Beat Sector: [blank]; Reviewing Officer: Joseph, David A; Date/Time Reviewed: 12/25/2012 08:27

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-387049
FQA501000007

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	20
	Month	Day	Year	Wednesday	14:31	3	1	0	Accident Reconstructed <input type="checkbox"/>			-

VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 856061297				State of Lic. NY	VEHICLE 2 - Driver License ID Number				State of Lic.	21	
	Driver Name - exactly as printed on license REED, DERICK S					Driver Name - exactly as printed on license						
Address (Include Number and Street) 10 WELDON ST					Apt. No.	Address (Include Number and Street)					Apt. No.	22
City or Town ROCHESTER			State NY	Zip Code 14611	City or Town			State	Zip Code			

3	Date of Birth	Sex	Unlicensed <input checked="" 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"/>	23		
	Month 1 Day 8 Year 1971	M		01		Month 4 Day 22 Year 1952	F				5		
Name - exactly as printed on registration CURRY, DENISE R					Sex F	Name - exactly as printed on registration					Sex	Date of Birth	24
Address (Include Number and Street) 10 WELDON ST					Apt. No.	Address (Include Number and Street)					Apt. No.	24	
City or Town ROCHESTER			State NY	Zip Code 14611	City or Town			State	Zip Code				

4	Plate Number DKZ4216	State of Reg. NY	Vehicle Year & Make 2007 CHRY	Vehicle Type 4DSD	Ins. Code 639	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					25
Violation Section(s)					Violation Section(s)					25	

6	Check if involved vehicle is:					Check if involved vehicle is:					7
	<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.					

7	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					26
	Box 1 - Point of Impact	Box 2 - Most Damage	3	4	5	1	2	3	4	5	

Enter up to three more damage codes					ACCORDING TO					27
Vehicle Bv: 454	Towed: Tp: 454	VEHICLE DAMAGE CODING:			ACCORDING TO					

1-13 SEE DIAGRAM ON RIGHT.					ACCORDING TO					28
14. UNDERCARRIAGE	17. DEMOLISHED	VEHICLE DAMAGE CODING:			ACCORDING TO					
15. TRAILER	18. NO DAMAGE	VEHICLE DAMAGE CODING:			ACCORDING TO					
16. OVERTURNED	19. OTHER	VEHICLE DAMAGE CODING:			ACCORDING TO					

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:					29
	Latitude/Northing:	County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of					
	Longitude/Easting:	Road on which accident occurred (Route Number or Street Name)					11
		at 1) intersecting street (Route Number or Street Name)					
		or 2) _____ N S of _____ (Route Number or Street Name)					
		_____ feet _____ miles _____ E W _____ (Milepost, Nearest Intersecting Route Number or Street Name)					

Accident Description/Officer's notes

USE COVER SHEET

N

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A												
B												
C												
D												
E												
F												

Officer's Rank and Signature OFFICER	Badge/ID No. 1788	NCIC No. 02701	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer Joseph, David A	Date/Time Reviewed 12/25/2012 08:27
Print Name In Full BRIAN MARONE						

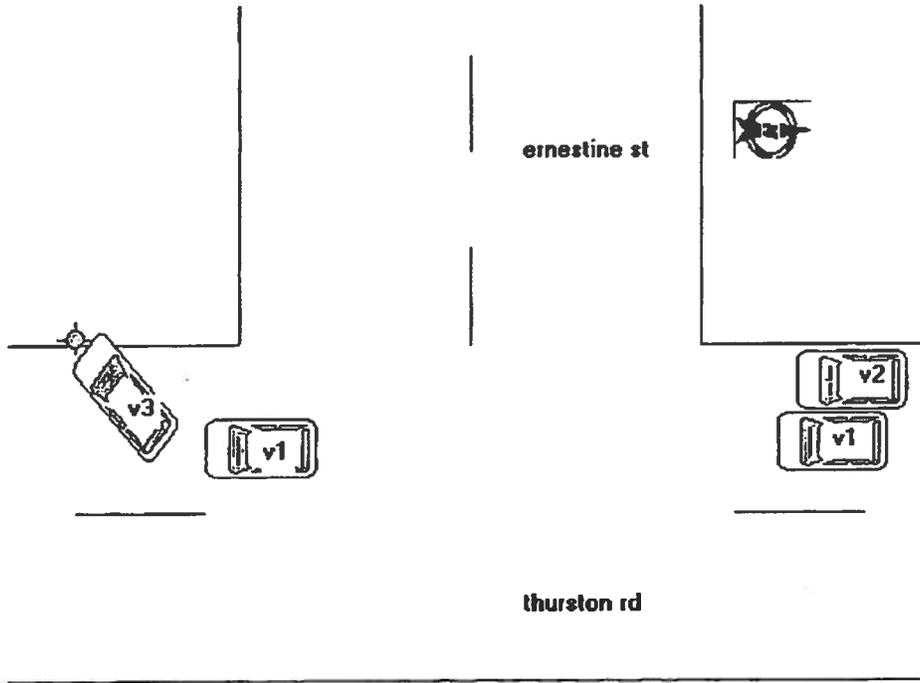
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-387049
FQA501000007

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"/> Yes <input checked="" type="checkbox"/> No
Month 12	Day 19	Year 2012	Wednesday	14:31	3	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-359538
FQA135000010

AMENDED REPORT

19
7

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
1	Month 11 Day 20 Year 2012	Tuesday	14:11	1	1	0	<input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7

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.	21
14	Driver Name - exactly as printed on license MATHIS, HAROLD		Driver Name - exactly as printed on license HORN, DIANNE C		69

Address (Include Number and Street)			Apt. No.	Address (Include Number and Street)			Apt. No.
149 AVENUE E				465 THURSTON RD			
City or Town		State	Zip Code	City or Town		State	Zip Code
ROCHESTER		NY	14621	ROCHESTER		NY	14619

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22
1	Month 1 Day 9 Year 1955	M	<input type="checkbox"/>	01	<input type="checkbox"/>	Month 9 Day 14 Year 1940	F	<input type="checkbox"/>	01	<input type="checkbox"/>	X

Name - exactly as printed on registration			Sex	Date of Birth	Name - exactly as printed on registration			Sex	Date of Birth	23
				Month Day Year	HORN, RAYMOND J			M	Month 8 Day 30 Year 1971	5

Address (Include Number and Street)			Apt. No.	Address (Include Number and Street)			Apt. No.
149 AVENUE E				465 THURSTON RD			
City or Town		State	Zip Code	City or Town		State	Zip Code
ROCHESTER		NY	14621	ROCHESTER		NY	14619

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
			BICY		FV6758	NY	2005 LINC	4DSD	071	3

5	1	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
				1

6	1	Violation Section(s)	Violation Section(s)	26
				1

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDNT DIAGRAM	27
Box 1 - Point of Impact	Box 1 - Point of Impact	See the last page of the MV-104A for the accident diagram.	2
Box 2 - Most Damage	Box 2 - Most Damage		3
Enter up to three more damage codes	Enter up to three more damage codes		
1 2 3 4 5	1 2 3 4 5		
12	12		

VEHICLE DAMAGE CODING:	1-13 SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE	17. DEMOLISHED	15. TRAILER	18. NO DAMAGE	16. OVERTURNED	19. OTHER	28
								3

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER	-
	Longitude/Easting:	Road on which accident occurred 465 THURSTON RD (Route Number or Street Name)	
		at 1) intersecting street FLANDERS PL (Route Number or Street Name)	
		or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes	30
(B) TRAVELING S/B ON THE WEST SIDEWALK ALONG THIRSTON RD. (V2) ON FLANDERS PL FACING E/B APPROACHING THE SIDEWALK BEFORE ENTERING INTO TRAFFIC ON THURSTON RD. AS (V2) BEGAN TO SLOWLY ENTER THE PATH OF THE SIDEWALK, THE DRIVERS VIEW WAS OBSTRUCTED BY LARGE BUSHES IN FRONT OF THE BUILDING AT 441 THURSTON RD. AS (V2) BEGAN TO PULL FOWARD TO GET A BETTER VIEW OF THE SIDEWALK, (B) RAN INTO THE LEFT FRONT OF (V2) CAUSING (B) TO BE EJECTED FROM THEIR BICYCLE AND THROWN ONTO THE SIDEWALK. (B) COMPLAINED OF HIP PAIN DUE TO A RECENT HIP	-

8	9	10	11	12	13	14	15	16	17	BY	TO 18	Names of all involved	Date of Death Only
A	B	1	1	3	57	M	10	12	6	9993	2706	MATHIS, HAROLD	
B	2	1	4	1	72	F	-	-	-			HORN, DIANNE C	
C													
D													
E													
F													

Officer's Rank and Signature	OFFICER <i>R.P.D.</i>	Badge/ID No.	NCIC No.	Preclnct/Post Troop/Zone	Station/Beast Sector	Reviewing Officer	Date/Time Reviewed
Print Name	Thomas Deane	1954	02701	W52	RPD	Rivers, Jon S	11/27/2012 19:23

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-359538
FQA135000010

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Tuesday	14:11	2	1	0	Accident Reconstructed <input type="checkbox"/>		
11	20	2012								



THURSTON ROAD

SIDEWALK



FLANDERS PLACE



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-355721
FQA355000013

AMENDED REPORT

19
7

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	20 7
	Month	Day	Year	Friday	14:52	2	1	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VEHICLE 1						<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
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2	VEHICLE 1 - Driver License ID Number 249042346					State of Lic. NY					VEHICLE 2 - Driver License ID Number 197248891					State of Lic. NY					21
Driver Name - exactly as printed on license CUMMINGS, SHERAYNE M										Driver Name - exactly as printed on license VAMKAVOS, KP											

Address (Include Number and Street) 1 PENHURST ST										Apt. No.					Address (Include Number and Street) 131B KINGSBERRY DR										Apt. No.					22
City or Town ROCHESTER					State NY					Zip Code 14619					City or Town ROCHESTER					State NY					Zip Code 14626					

3	Date of Birth			Sex	Unlicensed <input checked="" 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"/>	23 7
3	Month	Day	Year	F	<input checked="" type="checkbox"/>	03	<input type="checkbox"/>	Month	Day	Year	M	<input type="checkbox"/>	01	<input type="checkbox"/>	

Name - exactly as printed on registration CUMMINGS, SHERAYNE M										Sex F					Date of Birth Month 2 Day 12 Year 1992					Name - exactly as printed on registration MONROE SCHOOL TRANS,					Sex					Date of Birth Month Day Year					24																			
Address (Include Number and Street) 1 PENHURST ST										Apt. No.					City or Town ROCHESTER					State NY					Zip Code 14619					Address (Include Number and Street) 970 EMERSON ST						Apt. No.					City or Town ROCHESTER					State NY					Zip Code 14606			

4	Plate Number GAN4372			State of Reg. NY			Vehicle Year & Make 2003 FORD			Vehicle Type 4DSD			Ins. Code 000			Plate Number 10968SL			State of Reg. NY			Vehicle Year & Make 2010 CHRY			Vehicle Type SUBN			Ins. Code 335			25 6
5	Ticket/Arrest Number(s) A3550009FQ A355000BFQ					Violation Section(s) 5091 3191U					Ticket/Arrest Number(s)					Violation Section(s)															

6	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.										26 1
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5										VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 5 2 Box 2 - Most Damage 3 4 5																				

Vehicle Bv: Towed To:										Vehicle Bv: Towed To:										See the last page of the MV-104A for the accident diagram.										27 1
-----------------------	--	--	--	--	--	--	--	--	--	-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---------

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																				9. Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No										28 1
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---------

Reference Marker					Coordinates (if available) Latitude/Northing: Longitude/Easting:					Place Where Accident Occurred: County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 348 THURSTON ROAD (Route Number or Street Name) at 1) intersecting street MILTON ST (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W										29 -
------------------	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	---------

Accident Description/Officer's notes
V2 WAS TRAVELLING N/B ON THURSTON ROAD WHEN V1 FAILED TO YIELD ROW TO V2 AT THE INTERSECTION OF MILTON/THURSTON. V1 WAS W/B ON MILTON ST APPROACHING THURSTON ROAD. V1 DID STOP AT THE STOP SIGN BUT PROCEEDED INTO THE ROADWAY AND STRUCK V IN THE PASSENGER SIDE DOOR AND REAR TIRE AREA. TODDLER SUSTAINED BLOODY NOSE IN CRASH AND TAKEN TO STRONG HOSPITAL FOR PRECAUTION, NO OTHER INJURIES. DRIVER OV V1 DRIVING ON SUSP PERMIT WITH PASS 1 WHO HAS A SUSP CLASS D LICENSE. V1 TICKETED FOR DRIVING W/O LIC AND OPER W/O INSURANCE

USE COVER SHEET
N

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	20	F	-	-	-	-	CUMMINGS, SHERAYNE M	
B	1	3	4	1	36	M	-	-	-	-	ALMONTE, MARCO A	
C	1	4	5	1	3	F	02	04	6	9259 2706	MCKNIGHT, TRANIYAH	
D	2	1	4	1	64	M	-	-	-	-	VAMKAVOS, KP	
E												
F												

Officer's Rank and Signature Officer <i>Daniel Watson</i>					Badge/ID No. 1980					NCIC No. 02701					Precinct/Post Troop/Zone ----					Station/Beat Sector --					Reviewing Officer Rivers, Jon S					Date/Time Reviewed 11/20/2012 19:40				
---	--	--	--	--	-------------------	--	--	--	--	----------------	--	--	--	--	-------------------------------	--	--	--	--	------------------------	--	--	--	--	---------------------------------	--	--	--	--	-------------------------------------	--	--	--	--

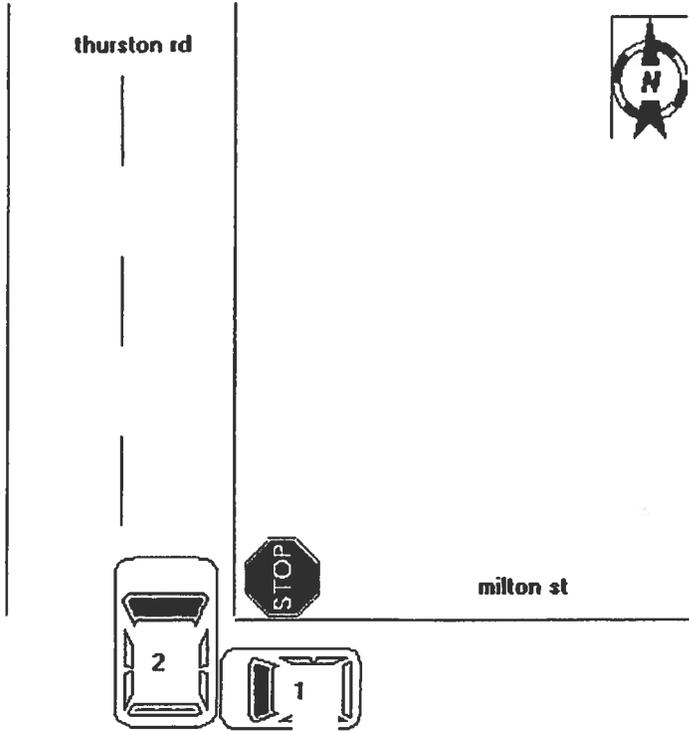
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-355721
FQA355000013

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	14:52	2	1	0	Accident Reconstructed <input type="checkbox"/>		
11	16	2012								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
4

Local Codes
12-357318
FQ7089000175

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	20 X
	Month	Day	Year	Sunday	01:45	1	1	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
4	Driver Name - exactly as printed on license LSA,		WILLIAMS, JOHN-PAUL	GA	
4	Address (Include Number and Street)		Address (Include Number and Street)		22
	179 BARTON ST		179 BARTON ST		
	City or Town	State	City or Town	State	22
			ROCHESTER	NY	

3	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"/>	23
1	Month Day Year			UN		Month Day Year	M		01		

4	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	23
4	LSA,		Month Day Year			Month Day Year	

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	24
4	City or Town	State	Zip Code		City or Town	State	Zip Code		

5	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
1	UNK								BICY		

5	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
1			

6	Violation Section(s)	Violation Section(s)	20
1			

6	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					26																
			<table border="1"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>1. ← ← ←</td> <td>3. ↙ ↘</td> <td>↓</td> <td>5. ↘ ↙</td> <td>7. → ←</td> </tr> <tr> <td>Sidewipe (same direction)</td> <td>Left Turn</td> <td></td> <td>Right Turn</td> <td>Sidewipe (opposite direction)</td> </tr> <tr> <td>2. ← ↘</td> <td>0. ↙ ↘</td> <td></td> <td>6. ↘ ↙</td> <td>8. → ↘</td> </tr> </table>						Rear End	Left Turn	Right Angle	Right Turn	Head On	1. ← ← ←	3. ↙ ↘	↓	5. ↘ ↙	7. → ←	Sidewipe (same direction)	Left Turn		Right Turn	Sidewipe (opposite direction)	2. ← ↘
Rear End	Left Turn	Right Angle	Right Turn	Head On																				
1. ← ← ←	3. ↙ ↘	↓	5. ↘ ↙	7. → ←																				
Sidewipe (same direction)	Left Turn		Right Turn	Sidewipe (opposite direction)																				
2. ← ↘	0. ↙ ↘		6. ↘ ↙	8. → ↘																				

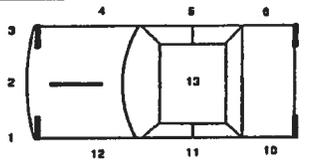
7	Box 1 - Point of Impact	2	99	Box 1 - Point of Impact	1	2	27
2	Box 2 - Most Damage	3	4	Box 2 - Most Damage	3	4	

1	Vehicle Bv:	2	Vehicle Bv:	27
1	Towed: To:	2	Towed: To:	

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE	17. DEMOLISHED
15. TRAILER	18. NO DAMAGE
16. OVERTURNED	19. OTHER



9. ACCIDENT DIAGRAM

See the last page of the MV-104A for the 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)	Place Where Accident Occurred:	29
	Latitude/Northing:	County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER	
	Longitude/Easting:	Road on which accident occurred THURSTON RD (Route Number or Street Name)	29
		at 1) intersecting street FLANDERS ST (Route Number or Street Name)	
		or 2) _____ (Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes

B2 WAS RIDEING N/B ON THE SIDEWALK OF THURSTON RD AS HE WAS IN THE INTERSECTION WITH FLANDERS ST V1 WAS COMMING OFF OF E/B RAEBURN AVE CROSSED THURSTON RD AND ONTO FLANDERS ST MAKEING CONTACT WITH B2. B2 REPORTS V1 WAS NOT GOING FAST BUT THE IMPACT CAUSED HIM TO FALL OFF OF HIS BIKE ONTO THE HOOD OF V1 AND THEN TO THE ROADWAY. EMS WAS ON SCENE BUT B2 REFUSED TRANSPORT TO THE HOSPITAL, FOR A SMALL ABRASION TO HIS LEFT KNEE. V1 WAS DESCRIBED AS A SMALL GRAY CAR WITH A BLACK MALE DRIVER. B2 CAN NOT ID. THE WITNESS TELLS THE SAME EVENTS

		8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	B	1	1	3	33	M	11	11	6				WILLIAMS, JOHN-PAUL	
B														
C														
D														
E														
F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Greg Backus	2013	02701	----	--	DiVincenzo, John F	11/19/2012 05:27

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19

Local Codes
12-357318
FQ7089000175

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"/>	20
	Month	Day	Year	Sunday	01:45	1	1	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - 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 and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	
	City or Town				State	City or Town				State	

3	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"/>	22
	Month	Day	Year			Month	Day	Year			

4	Name - exactly as printed on registration				Sex	Date of Birth	Name - exactly as printed on registration				Sex	Date of Birth	23
	Month	Day	Year			Month	Day	Year					

5	Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	24
	City or Town				State	City or Town				State	

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					

6	Violation Section(s)					Violation Section(s)					25
	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					

7	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.					26
	<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.					Rear End Left Turn Right Angle Right Turn Head On 1. 3. 4. 5. 7.					

7	Box 1 - Point of Impact					Box 2 - Most Damage					Side-swipe (same direction)					27
	Enter up to three more damage codes					Enter up to three more damage codes					Left Turn Right Turn Side-swipe (opposite direction) 8. 9.					

7	Vehicle Bv. Towed To:					Vehicle Bv. Towed To:					ACCIDENT DIAGRAM					27
	VEHICLE DAMAGE CODING:					VEHICLE DAMAGE CODING:					9.					

7	Reference Marker					Coordinates (if available)					Place Where Accident Occurred:					28
	Latitude/Northing:					Longitude/Easting:					County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) E W					

7	Accident Description/Officer's notes												30
	AND CAN NOT ID. A NEIGHBORHOOD CANVAS TURNED UP NO FURTHER INFORMATION. WITNESS #1 - GERALINE CLARK 440 THURSTON RD APT 10 ROCHESTER NY 14613 (585) 576-8194 Ext.												

A	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
B													
C													
D													
E													
F													

Officer's Rank and Signature	Officer	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name In Full	Greg Backus	2013	02701	----	--	DiVincenzo, John F	11/19/2012 05:27

ALL INVOLVED

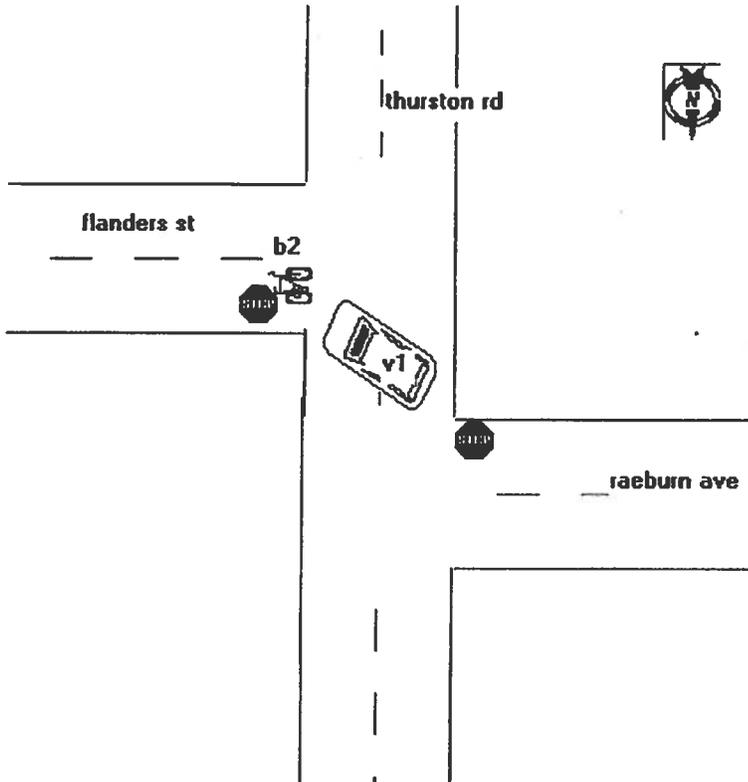
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-357318
FQ7089000175

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
11	18	2012	Sunday	01:45	2	1	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
-

Local Codes
12-326149
FQPR02000221

AMENDED REPORT

1	Accident Date Month 10 Day 17 Year 2012	Day of Week Wednesday	Military Time 19:12	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 635760158	State of Lic. NY	VEHICLE 2 - Driver License ID Number 662553974	State of Lic. NY	21
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	Driver Name - exactly as printed on license COLEY, PATRICK S	Driver Name - exactly as printed on license ROBINSON, CLIFFORD	7
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	Address (Include Number and Street) 167 KENWOOD AV	Apt. No.	Address (Include Number and Street) 80 RAEBURN AV	Apt. No.
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	City or Town ROCHESTER	State NY	Zip Code 14611	City or Town ROCHESTER	State NY	Zip Code 14611	22
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3	Date of Birth Month 12 Day 23 Year 1978	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 1 Day 30 Year 1952	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	
---	--	----------	--	------------------------	---	---	----------	--	------------------------	---	--

	Name - exactly as printed on registration COLEY, PATRICK S	Sex M	Date of Birth Month 12 Day 23 Year 1978	Name - exactly as printed on registration ROBINSON, RUBY L	Sex F	Date of Birth Month 7 Day 14 Year 1954	23
--	---	----------	--	---	----------	---	----

4	Address (Include Number and Street) 167 KENWOOD AV	Apt. No.	Haz. Mat. Code -	Released <input type="checkbox"/>	Address (Include Number and Street) 80 RAEBURN AV	Apt. No.	Haz. Mat. Code -	Released <input type="checkbox"/>
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3	City or Town ROCHESTER	State NY	Zip Code 14611	City or Town ROCHESTER	State NY	Zip Code 14611	24
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	Plate Number 58RK97	State of Reg. NY	Vehicle Year & Make 2009 YAMA	Vehicle Type MCY	Ins. Code 000	Plate Number FXM6505	State of Reg. NY	Vehicle Year & Make 2012 TOYT	Vehicle Type 4DSD	Ins. Code 328	4
--	------------------------	---------------------	----------------------------------	---------------------	------------------	-------------------------	---------------------	----------------------------------	----------------------	------------------	---

5	1	1	1	1	1	1	1	1	1	1	1
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	Violation Section(s)	Violation Section(s)	25
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6	1	1	1	1	1	1	1	1	1	1	1
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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.	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.	26
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7	1	1	1	1	1	1	1	1	1	1	1
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	Box 1 - Point of Impact Box 2 - Most Damage	2	1	2	2	Box 1 - Point of Impact Box 2 - Most Damage	6	1	6	2	2
--	--	---	---	---	---	--	---	---	---	---	---

	Enter up to three more damage codes	3	4	5	Enter up to three more damage codes	3	4	5	27
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	Vehicle Bv Towed: To: 453	2	Vehicle Bv Towed: To:	See the last page of the MV-104A for the accident diagram.	1
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	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		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	28
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	Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u>	29
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		Longitude/Easting:	Road on which accident occurred <u>670 THURSTON RD</u> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) <u>100</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S of <u>BROOKS AV</u> feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)	-
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	Accident Description/Officer's notes BOTH DRIVER'S STATE THAT (V2) MADE A LEFT HAND TURN IN FRONT OF THE NORTHBOUND (V1) RESULTING IN (V1) COLLIDING WITH REAR QUARTER/PANEL AREA OF (V2) AND EJECTING (D1). (D1) WAS TRANSPORTED TO STRONG HOSPITAL WITH MINOR APPARENT INJURY CONSISTING OF A POSSIBLE DISLOCATION OF HIS RIGHT SHOULDER.	30
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USE COVER SHEET
N

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only		
A	1	1	6	3	33	M	07	09	6	9993	2706	COLEY, PATRICK S			
B	2	1	4	1	60	M	-	-	-			ROBINSON, CLIFFORD			
C															
D															
E															
F															
Officer's Rank and Signature	Officer <i>[Signature]</i>					Badge/ID No.	1853		NCIC No.	02701		Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	Nolan A Wengert													Rivers, Jon S	10/23/2012 21:09

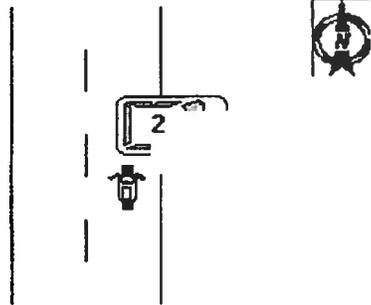
ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 12-326149
FQPR02000221

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"/> Yes <input checked="" type="checkbox"/> No
Month 10	Day 17	Year 2012	Wednesday	19:12	2	1	0	Accident Reconstructed <input type="checkbox"/>		



POLICE ACCIDENT REPORT
MV-104A (3/04)

19
13

Local Codes
12-322137
FQ7162000106

AMENDED REPORT

Accident Date: Month 10, Day 13, Year 2012. Day of Week: Saturday. Military Time: 19:25. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [] Left Scene: [] Police Photos: [] Yes [X] No

VEHICLE 1 [X] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

VEHICLE 1 - Driver License ID Number: 455475373. State of Lic.: NY. Driver Name: PILGRIM, RONALD S. VEHICLE 2 - Driver License ID Number: PARKED. State of Lic.: []

Address (Include Number and Street): 72 DEVON RD. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

Date of Birth: Month 5, Day 16, Year 1968. Sex: M. Unlicensed: [X]. No. of Occupants: 01. Public Property Damaged: []

Name - exactly as printed on registration: PETERSON, SONYA V. Sex: F. Date of Birth: Month 11, Day 25, Year 1966.

Address (Include Number and Street): 23 CORN FLOWER DR. City or Town: N CHILI. State: NY. Zip Code: 14514.

Plate Number: BKT1725. State of Reg.: NY. Vehicle Year & Make: 2006 HUMM. Vehicle Type: SUBN. Ins. Code: 011.

Ticket/Arrest Number(s): 716200JCFQ. Violation Section(s): 5091.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

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: 3, 3. Box 2 - Most Damage: 4, 4, 5. Enter up to three more damage codes: 4, 4, 5.

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 9, 9. Box 2 - Most Damage: 3, 4, 10. Enter up to three more damage codes: 3, 4, 10.

ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Includes diagrams for Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction).

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County MONROE, City [X] Village [] Town of ROCHESTER. Road on which accident occurred: THURSTON RD. at 1) intersecting street [] N [X] S [] E [] W of SAWYER ST. or 2) 30 feet miles (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes: V1 OPERATED BY D1 WAS TRAVELING NORTHBOUND ON THURSTON RD APPROACHING SAWYER ST. D1 STATES THAT WHILE HE WAS OPERATING THE VEHICLE HE WAS DISTRACTED WHEN HE WAS LOOKING TO HIS LEFT AS HE WAS GOING TO PICK AN INDIVIDUAL UP FROM THE AREA. IN DOING SO D1 FAILS TO MAINTAIN HIS PROPER LANE AND CROSSES OVER THE SHOULDER INTO LEGALLY PARKED V2. D1 WAS INITIALLY OFFSCENE UPON MY ARRIVAL IN A BARBERSHOP ACROSS THE STREET FROM THE INCIDENT BUT DID COME UP TO ME AND STATE TO ME THE DETAILS OF THE ACCIDENT DURING THE PRELIMINARY INVESTIGATION. D1 WAS

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Row A: 1, 1, 4, 1, 44, M, -, -, -, PILGRIM, RONALD S.

Officer's Rank and Signature: OFFICER JUSTIN STEWART. Badge/ID No.: 1750. NCIC No.: 02701. Precinct/Post Troop/Zone: ---. Station/Beat Sector: ---. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 10/15/2012 20:55.

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19

Local Codes
12-322137
FQ7162000106

AMENDED REPORT

1	Accident Date Month: 10, Day: 13, Year: 2012	Day of Week Saturday	Military Time 19:25	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - 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 and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	City or Town	State	City or Town	State	22

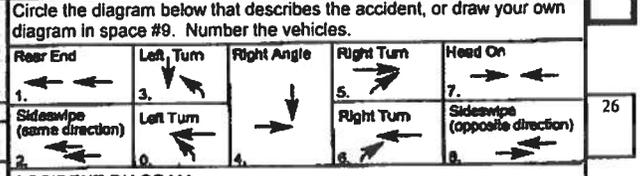
3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:					

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	24	
	City or Town	State	Zip Code	City or Town	State	Zip Code				
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

5	Ticket/Arrest Number(s)	Violation Section(s)	25
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6	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.	VEHICLE 1 DAMAGE CODES	1	2	3	4	5	7	8	9	26
7	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	3	4	5					

VEHICLE 2 DAMAGE CODES	1	2	3	4	5
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1	Vehicle Bv. Towed To:	2	Vehicle Bv. Towed To:	27
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VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) Intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W	29
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Accident Description/Officer's notes
UNLICENSED AND WAS ISSUED A UTT FOR 509-1. NO INJURIES. VEHICLES CFBO.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
	A												
B													
C													
D													
E													
F													

Officer's Rank and Signature Print Name <u>JUSTIN STEWART</u> In Full	OFFICER	Badge/ID No. 1750	NCIC No. 02701	Precinct/Post Troop/Zone ----	Station/Beat Sector --	Reviewing Officer Rivers, Jon S	Date/Time Reviewed 10/15/2012 20:55
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USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
4

Local Codes
12-309159
FQ7301000136

AMENDED REPORT

1 - 10	Accident Date Month Day Year	Day of Week Monday	Military Time 15:24	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 -
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 -	VEHICLE 1 - Driver License ID Number 675161665	State of Lic. NY	VEHICLE 2 - Driver License ID Number 970608445	State of Lic. NY	21 -
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2 -	Driver Name - exactly as printed on license BROWN, VENITA L	Address (Include Number and Street) 60 HOLLAND ST	City or Town ROCHESTER	State NY	Zip Code 14605	Driver Name - exactly as printed on license GREEN, ERICA A	Address (Include Number and Street) 21 GROVER ST	City or Town ROCHESTER	State NY	Zip Code 14619	22 -
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3 2	Date of Birth Month Day Year 2 16 1968	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 11 12 1989	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	23 3
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4 1	Name - exactly as printed on registration FIRST STUDENT INC.	Address (Include Number and Street) 575 COLFAX ST	City or Town ROCHESTER	State NY	Zip Code 14606	Name - exactly as printed on registration GREEN, ERICA A	Address (Include Number and Street) 21 GROVER ST	City or Town ROCHESTER	State NY	Zip Code 14619	24 3
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5 1	Plate Number 50258BA	State of Reg. NY	Vehicle Year & Make 2008 IC	Vehicle Type BUS	Ins. Code 228	Plate Number EAN4329	State of Reg. NY	Vehicle Year & Make 2002 HOND	Vehicle Type 4DSD	Ins. Code	25 1
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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.	25 1
--------	--	--	--	---------

7 1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.	26 3
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7 1	Vehicle Bv: Towed To:	Vehicle Bv: Towed To:	ACIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.	27 1
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7 1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	ACIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.	28 1
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7 1	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>BROOKS AV</u> (Route Number or Street Name) at 1) intersecting street <u>THURSTON RD</u> (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	29 -
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7 1	Accident Description/Officer's notes VEHICLE 2 WAS STOPPED ON BROOKS AV FACING EAST BOUND ATTEMPTING TO TURN NORTH ON THURSTON RD FACING A GREEN LIGHT. VEHICLE 1 WAS HEADING EASTBOUND ON BROOKS DIRECTLY BEHIND VEHICLE 2. VEHICLE 1 THEN CRASHED INTO VEHICLE 2 NOT SEEING THAT VEHICLE 2 HAD STOPPED. VEHICLE 2 SUSTAINED MAJOR REAR END DAMAGE. DRIVER OF VEHICLE 2 WAS TRANSPORTED TO STRONG BY RIG 9149 WITH BACK PAIN. VEHICLE 2 INSURANCE COMPANY IS 678 PROGRESSIVE ADVANCED INSURANCE.	30 -
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	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	44	F	-	-	-			BROWN, VENITA L	
B	2	1	4	1	22	F	06	12	6	9999	2706	GREEN, ERICA A	
C													
D													
E													
F													

OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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OFFICER'S RANK AND SIGNATURE OFFICER <i>R. Castrichini Jr.</i>	BADGE/ID NO. 2118	NCIC NO. 02701	PRECINCT/POST TROOP/ZONE --	STATION/BEAST SECTOR -	REVIEWING OFFICER Rivers, Jon S	DATE/TIME REVIEWED 10/3/2012 15:23
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ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

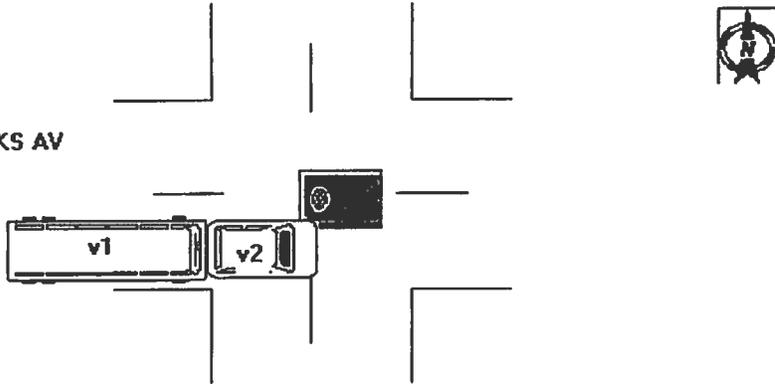
Local Codes
12-309159
FQ7301000136

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Monday	15:24	2	1	0	Accident Reconstructed <input type="checkbox"/>		
10	1	2012								

THURSTON RD

BROOKS AV



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-308942

AMENDED REPORT DMV COPY

19
3

1	Accident Date Month: 10, Day: 01, Year: 2012 Day of Week: MON Military Time: 1150 No. of Vehicles: 2 No. Injured: 0 No. Killed: 0	Investigated at Scene <input checked="" type="checkbox"/> Scene <input checked="" type="checkbox"/> Police Photos <input checked="" type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	20
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2	VEHICLE 1 - Driver License ID Number: 798 469 673 Driver Name: William Frederick Address: 292 Cerlew St. City/Town: Rochester, NY, Zip Code: 14613	VEHICLE 2 - Driver License ID Number: 913 529 221 Driver Name: Torregrossa, Joseph Address: 136 Pine brook Dr. City/Town: Rochester, NY, Zip Code: 14616	21 4 22
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3	Date of Birth: 10/19/94, Sex: M, Unlicensed: <input checked="" type="checkbox"/> Name: Barthel, Cynthia Address: 149 Kissinburg City/Town: Rochester, NY, Zip Code: -	Date of Birth: 08/06/50, Sex: M, Unlicensed: <input type="checkbox"/> Name: Torregrossa, Joseph Address: 66 Pine brook Dr. City/Town: Rochester, NY, Zip Code: 14616	23 E
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5	Plate Number: ERD 8575, State of Reg: NY, Vehicle Year & Make: 1999 Dodge PC, Vehicle Type: PC, Ins. Code: 413	Plate Number: ERH 8411, State of Reg: NY, Vehicle Year & Make: 2009, Vehicle Type: PC, Ins. Code: 618	24 N
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6	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.	25 15
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 8, 8 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 10, 16 Enter up to three more Damage Codes: 11, 4, 5	ACCIDENT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)	26 14
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

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: County: Monroe, City/Village/Town of: Road on which accident occurred: Thurston Rd. / Albert Ellcott St. intersecting street: or 2/1/2 Miles of (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes: (V1) was backing from a driveway heading east bound and struck (V2) which was pulling away from the curb heading north bound on Thurston Rd. This odd course the vehicles to strike and cause damage to the rear of (V1) and the driver side rear of (V2). No injuries and both vehicles driven from the scene.

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	2	1	17	M	-	-	-	-	-	-	-	Williams, Frederick	-
B	2	1	2	1	63	M	-	-	-	-	-	-	-	Torregrossa, Joseph	-
C															
D															
E															
F															

Officer's Rank and Signature: PO [Signature] Print Name in Full: Daniel K. Rizzo	Badge/ID No.: 0330	NCIC No.: 60701	Precinct/Post Troop/Zone: W-55	Station/Beat/Sector: 53	Reviewing Officer: [Signature]	Date/Time Reviewed: 10/1/12 1457
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USE COVER SHEET
N

POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

AMENDED REPORT

19
13

1 Accident Date: Month 9, Day 4, Year 2012. Day of Week: Tuesday. Military Time: 20:39. No. of Vehicles: 4. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [] Left Scene: [X] Police Photos: [X] Yes [] No

2 VEHICLE 1 [X] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

2 VEHICLE 1 - Driver License ID Number: 707187044. State of Lic.: NY. VEHICLE 2 - Driver License ID Number: []. State of Lic.: []. Driver Name - exactly as printed on license: DENNARD, DAVID JR. VEHICLE 2: PARKED.

2 Address (Include Number and Street): 260 ELLICOTT ST. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

3 Date of Birth: Month 6, Day 12, Year 1964. Sex: M. Unlicensed: []. No. of Occupants: 01. Public Property Damaged: [].

3 Name - exactly as printed on registration: DENNARD, DAVID JR. Sex: M. Date of Birth: Month 6, Day 12, Year 1964.

4 Address (Include Number and Street): 260 ELLICOTT ST. City or Town: ROCHESTER. State: NY. Zip Code: 14619.

5 Plate Number: FYJ2441. State of Reg.: NY. Vehicle Year & Make: 1993 NISS. Vehicle Type: 4DSD. Ins. Code: 000.

5 Ticker/Arrest Number(s): A06402BRFQ. Violation Section(s): 11923.

6 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.

6 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2, 2. Box 2 - Most Damage: 2.

7 Enter up to three more damage codes: 1, 2, 3.

7 Vehicle Bv: 454. Towed: To: POUND.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 18. OTHER

9. Cost of repairs to any one vehicle will be more than \$1000. [X] Unknown/Unable to determine [] Yes [] No

Reference Marker: []. Coordinates (if available): [].

Place Where Accident Occurred: County MONROE. City [X] Village [] Town [] of ROCHESTER.

Road on which accident occurred: 629 THURSTON RD. at 1) Intersecting street: SHELDON TERR.

Accident Description/Officer's notes: V1 WAS PARKED ON THE EAST SIDE OF THURSTON RD, FACING N/B. V1 PULLED AWAY FROM CURB IN A NORTHBOUND DIRECTION ON THURSTON ROAD AND ATTEMPTED TO MAKE A U TURN TO HEAD BACK SOUTHBOUND.

ONCE SOUTHBOUND, (W) STATES THAT V1 REAR ENDED V2 WHICH WAS LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD IN FRONT OF #629. (W) STATES THAT V1 HIT V2 SO HARD THAT ENTIRE FRONT BUMPER OF V1 WENT UNDERNEATH V2 AND LIFTED IT UP. (W) STATES THAT V1 PROCEEDED SOUTHBOUND ON THURSTON ROAD AND STRUCK V3 WHICH WAS ALSO LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD

8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only

Table with columns for names of involved parties (A-F) and dates of death. DENNARD, DAVID JR is listed.

Officer's Rank and Signature: Officer Daniel Watson. Badge/ID No.: 1980. NCIC No.: 02701. Station/Beat Sector: []. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 9/9/2012 19:21.

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

AMENDED REPORT

1 Accident Date: Month 9, Day 4, Year 2012. Day of Week: Tuesday. Military Time: 20:39. No. of Vehicles: 4. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No.

2 VEHICLE 3: Driver License ID Number, State of Lic. VEHICLE 4: Driver License ID Number, State of Lic. Driver Name: PARKED. Address: (Include Number and Street), Apt. No., City or Town, State, Zip Code.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged. Name: FITZGERALD, MARJORIE (Sex F, Date of Birth 6/3/1980) and HERRIOTT, JESSICA L (Sex F, Date of Birth 6/29/1986).

4 Address: 609 BAY RD, WEBSTER, NY 14580. 56 PORTLAND CT, ROCHESTER, NY 14621. Plate Number, State of Reg, Vehicle Year & Make, Vehicle Type, Ins. Code.

5 Ticket/Arrest Number(s), Violation Section(s).

6 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. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. 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: County MONROE, Road on which accident occurred, at 1) intersecting street, or 2) feet miles N S of.

Accident Description/Officer's notes: IN FRONT OF #669. V1 CONTINUED S/B ON THURSTON, CROSSING BROOKS AND STRIKING V4 WHICH WAS ALSO LEGALLY PARKED ON THE WEST SIDE OF THURSTON ROAD IN FRONT OF #737. OFC D PEARSON STOPPED V1 AT 393 GENESEE PARK BLVD. OFC BRACEY AND WEECH RESP TO PROCESS DRIVER OF V1 FOR DWI. V1 TOWED TO CITY POUND. COSMETIC DAMAGES TO ALL VEHICLES INVOLVED, NO INJURIES. ADDITIONAL TICKETS FOR DRIVER #1 - AAN7629355, 3191U / AAN7622613, 37522 / AAN7622624, 37535C WITNESS #1 - HOWARD WILSON 583 BROOKS AV 1 ROCHESTER NY 14619 () - Ext.

ALL INVOLVED table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A, B, C, D, E, F.

Officer's Rank and Signature: Officer Daniel Watson. Badge/ID No. 1980. NCIC No. 02701. Precinct/Post Troop/Zone: ----. Station/Beat Sector: --. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 9/9/2012 19:21.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-280244
FQ7189000077

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	Police Photos
Month	Day	Year	Tuesday	20:39	4	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9	4	2012								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-238479
FQ7237000110

AMENDED REPORT

19
4

1 Accident Date: Month 7, Day 30, Year 2012; Day of Week: Monday; Military Time: 19:23; No. of Vehicles: 2; No. Injured: 0; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes, No; Accident Reconstructed:

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number: 227811184; State of Lic.: NY; VEHICLE 2 - Driver License ID Number: 356906708; State of Lic.: NY; Driver Name - exactly as printed on license: SAFFORD, DANIEL S; JONES, KIM M

Address (Include Number and Street): 5 SLAYTONBUSH LANE; Apt. No.; 185 ARBORWOOD CST; Apt. No.

City or Town: UTICA, NY; State: NY; Zip Code: 13501; ROCHESTER, NY; State: NY; Zip Code: 14615

3 Date of Birth: Month 10, Day 1, Year 1991; Sex: M; Unlicensed: ; No. of Occupants: 01; Public Property Damaged: ; VEHICLE 2: Month 1, Day 14, Year 1963; Sex: F; Unlicensed: ; No. of Occupants: 02; Public Property Damaged:

Name - exactly as printed on registration: SAFFORD, JAMES L; Sex: M; Date of Birth: Month 10, Day 18, Year 1955; JONES, KIM M; Sex: F; Date of Birth: Month 1, Day 14, Year 1963

Address (Include Number and Street): 5 SLAYTONBUSH LN; Apt. No.; 185 ARBORWOOD CST; Apt. No.; Haz. Mat. Code: -; Released:

City or Town: UTICA, NY; State: NY; Zip Code: 13501; ROCHESTER, NY; State: NY; Zip Code: 14615

Plate Number: DBT8894; State of Reg.: NY; Vehicle Year & Make: 2004 HYUN; Vehicle Type: SEDN; Ins. Code: 478; VEHICLE 2: Plate Number: CFL3321; State of Reg.: NY; Vehicle Year & Make: 2013 HYUN; Vehicle Type: 4DSD; Ins. Code: 328

5 Ticket/Arrest Number(s): 1; Violation Section(s):

6 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: 2, 18; Box 2 - Most Damage: 3, 4, 5; Enter up to three more damage codes: 1, 2, 3, 4, 5

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 8, 18; Box 2 - Most Damage: 3, 4, 5; Enter up to three more damage codes: 1, 2, 3, 4, 5

7 Vehicle Bv.: Towed To: ACCIDENT DIAGRAM

8 See the last page of the MV-104A for the accident diagram.

9 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: County MONROE; City Village Town of ROCHESTER; Road on which accident occurred: BROOKS AVE; at 1) intersecting street THURSTON RD; or 2) feet miles N S E W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes: V2 WAS TRAVELLING W/B ON BROOKS AVE AND SLOWING TO STOP FOR THE RED LIGHT AT BROOKS AVE/THURSTON RD. V1 WAS DIRECTLY BEHIND V2 ALSO TRAVELLING W/B. V2 SUDDENLY STOPPED CAUSING V1 TO COLLIDE WITH V2 RESULTING IN VERY MINOR DAMAGE TO V2. NO INJURIES REPORTED.

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Table with 8 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

USE COVER SHEET

N

ALL INVOLVED

Officer's Rank and Signature: OFFICER [Signature]; Print Name: BRYAN BOSKAT

Badge/ID No.: 2219; NCIC No.: 02701; Precinct/Post Troop/Zone; Station/Beat Sector; Reviewing Officer: Rivers, Jon S; Date/Time Reviewed: 8/1/2012 19:16

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 12-238479
FQ7237000110

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"/> Yes <input checked="" type="checkbox"/> No
Month 7	Day 30	Year 2012	Monday	19:23	2	0	0	Accident Reconstructed <input type="checkbox"/>		

THURSTON RD



BROOKS AVE



POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-200631
FQ7215000154

AMENDED REPORT

19
19

Accident Date: Month 6, Day 30, Year 2012. Day of Week: Saturday. Military Time: 02:15. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [] Left Scene: [X] Police Photos: [X]

VEHICLE 1 and VEHICLE 2 selection options: [X] VEHICLE 2, [] BICYCLIST, [] PEDESTRIAN, [] OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number, State of Lic. VEHICLE 2 - Driver License ID Number 126388698, State of Lic. NY

Driver Name - exactly as printed on license: LSA, WHITE, ARLEATA L. Address (Include Number and Street): 419 WELLINGTON AV

City or Town, State, Zip Code: ROCHESTER, NY, 14619

Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles.

Name - exactly as printed on registration: LSA, WHITE, ARLEATA L. Date of Birth: 1963

Address (Include Number and Street): 419 WELLINGTON AV. City or Town, State, Zip Code: ROCHESTER, NY, 14619

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code: UNKNOWN, NY, 2001 MITS, SUBN, 182

Ticket/Arrest Number(s), Violation Section(s)

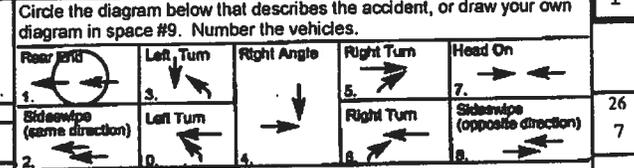
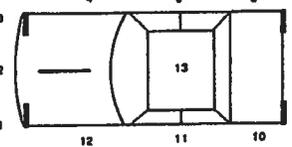
Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage.

Enter up to three more damage codes for both vehicles.

Vehicle Bv., Towed To: information for both vehicles.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER



See the last page of the MV-104A for the accident diagram.

Cost of repairs to any one vehicle will be more than \$1000. [] Unknown/Unable to determine [X] Yes [] No

Reference Marker, Coordinates (if available), Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred 661 THURSTON RD, at 1) intersecting street 10 of ERNESTINE ST.

Accident Description/Officer's notes: OFFICERS RESPONDED TO THE 661 THURSTON RD. FOR THE REPORT OF A HIT AND RUN MVA. ONSCENE OFFICERS LOCATED VEH 2. THE DRIVER OF VEH 2. SAID THAT THEY WERE TRAVELLING S/B ON THURSTON RD. AND WERE SLOWING AND ALMOST TO A STOP SO THAT A PEDESTRIAN COULD CROSS THE STREET. AS VEH 2 CAME TO A STOP, VEH 1 WAS TRAVELLING S/B AT A HIGH RATE OF SPEED. VEH 1'S FRONT BUMPER AREA STRUCK THE REAR BUMPER AREA OF VEH 2. VEH 1 THEN LEFT THE SCENE S/B ON THURSTON RD. TOWARDS GENESEE PARK BL. THE DRIVER OF VEH 2. SAID THAT VEH 1 WAS A DARK COLORED 4DSD.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A, B, C, D, E, F.

Officer's Rank and Signature: Timothy Luety. Badge/ID No. 2041. NCIC No. 02701. Precinct/Post Troop/Zone. Station/Beat Sector. Reviewing Officer: Alberto, Edward A. Date/Time Reviewed: 6/30/2012 07:14

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-200631
FQ7215000154

AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
	Month: 6, Day: 30, Year: 2012	Saturday	02:15	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VEHICLE		<input type="checkbox"/> VEHICLE	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
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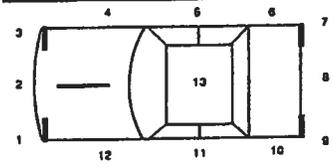
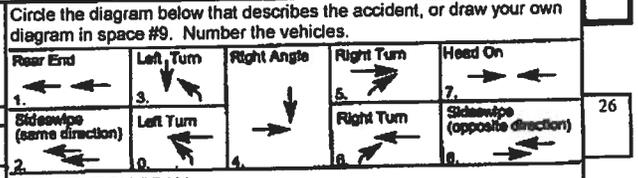
2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	City or Town	State	City or Town	State	

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	22	
	Month: , Day: , Year:		<input type="checkbox"/>		<input type="checkbox"/>		
4	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	23
	Month: , Day: , Year:		Month: , Day: , Year:	Month: , Day: , Year:		Month: , Day: , Year:	

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	24
	City or Town	State	Zip Code		City or Town	State	Zip Code		

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

6	Check if involved vehicle is:	Check if involved vehicle is:	26
	<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.	
7	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	27
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	



VEHICLE DAMAGE CODING:
 1-13 SEE DIAGRAM ON RIGHT.
 14. UNDERCARRIAGE 17. DEMOLISHED
 16. TRAILER 18. NO DAMAGE
 18. OVERTURNED 19. OTHER

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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W	

Accident Description/Officer's notes
 WITNESS 1 STATED THE HE OBSERVED VEH 1 STRIKE VEH 2 AND SAID THAT VEH 1 WAS A DARK COLORED CHEVROLET, POSSIBLY AND OLDER MODEL PRISM. PASSENGER 1 COMPLAINED OF BACK PAIN BUT REFUSED MEDICAL TREATMENT. CITY CAMERA AT BROOKS AV/THURSTON RD. RECORDED THE MVA. NO PLATE OF VEH 1 ON CAMERA. NO INJURIES REPORTED.
 WITNESS #1 - MICHAEL A THAXTON 287B FLOWER CITY PK APT5 ROCHESTER NY 14615 (585) 284-4196
 Ext.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Officer <u>NO Timothy Luety</u>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	Timothy Luety	2041	02701	----	--	Alberto, Edward A	6/30/2012 07:14

19

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29

30

USE COVER SHEET

N

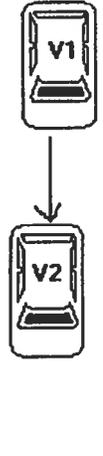
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 12-200631
FQ7215000154

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 6	Day 30	Year 2012	Saturday	02:15	2	0	0	Accident Reconstructed <input type="checkbox"/>		

661 THURSTON RD



THURSTON RD



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-187647

AMENDED REPORT

DMV COPY

19
20

1	Accident Date Month 6 Day 20 Year 12	Day of Week WED	Military Time 1347	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	VEHICLE 1			VEHICLE 2			BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		

2	VEHICLE 1 - Driver License ID Number 438 255 072	State of Lic. NY	VEHICLE 2 - Driver License ID Number 611 276 919	State of Lic. NY
	Driver Name - exactly as printed on license Cangialosi, MARTIN J.	Apt. No.	Driver Name - exactly as printed on license NASH, Shonta W.	Apt. No.
	Address (Include Number & Street) 20 BRU MAR DR.	City or Town Rochester, NY	Address (Include Number & Street) 50 GREENLEAF MEADOWS	City or Town Rochester, NY

3	Date of Birth Month 6 Day 10 Year 53	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 7	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 8 Day 11 Year 80	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 4	Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration FIRST STUDENT INC	Sex	Date of Birth Month 1 Day 1 Year 82	Name - exactly as printed on registration BONITON, Morris L	Sex	Date of Birth Month 1 Day 13 Year 82
	Address (Include Number & Street) 575 Colfax St.	Apt. No.	Haz. Mat. Code	Address (Include Number & Street) 108 Chatham Gardens	Apt. No.	Haz. Mat. Code

5	Plate Number 47656BA	State of Reg. NY	Vehicle Year & Make 2006 IL	Vehicle Type BUS	Ins. Code 22E	Plate Number FTN 7702	State of Reg. NY	Vehicle Year & Make 2000 Nissan	Vehicle Type 40SD	Ins. Code 733
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6	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.		
---	--	--	--	--	--

7	VEHICLE 1 DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM
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8	Vehicle Towed: CFBO	Vehicle Towed: To Garage	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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9	Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County MONROE City <input type="checkbox"/> Village <input type="checkbox"/> Town of Rochester Road on which accident occurred SHELDON TERR at 1) intersecting street THURSTON RD. 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)
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Accident Description/Officer's Notes
VEH 2 WAS STOPPED AT THE STOP SIGN ON SHELDON TERR. VEH 2 SCHOOL BUS WAS MAKING A LEFT HAND TURN onto SHELDON TERR. FROM THURSTON RD. VEH 1 TURNED SHOOT AND STRUCK VEH 2 CAUSING A GOOD AMOUNT OF DAMAGE TO VEH 2. VEH 1 HAD MINOR DRUG SIDE DAMAGE. NO INJURIES TO ANY CHILDREN ON BUS OR IN CAR. PASS OF VEH 2 SUSTAIN BODY PAIN

	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	59	M	-	-	-	-	-	-	-	CANGIALOSI, MARTIN	
B	2	1	4	1	31	F	-	-	-	-	-	-	-	NASH, SHONTA W	
C	2	3	4	1	55	F	6	12	6	9489	2706	-	-	DICKERSON, MARIE	
D	2	4	4	1	28	F	-	-	-	-	-	-	-	HANNA, BELATINA	
E	2	6	4/5	1	3	M	5	-	-	-	-	-	-	HANNA, BRANDON	

Officer's Rank and Signature PLO A.K. Brown	Badge/ID No. 170	NCIC No. 02701	Precinct/Post WEST	Station/Beat/ Troop Zone 53	Reviewing Officer ADZ	Date/Time Reviewed 6/23/12
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USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-183650
FQPR02000179

AMENDED REPORT

19
9

1 - Accident Date: Month 6, Day 17, Year 2012. Day of Week: Sunday. Military Time: 02:16. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 - VEHICLE 1: Driver License ID Number 988856247, State of Lic. NY, Driver Name BREWER, JOHN A, Address 1140 NORTON ST, City ROCHESTER, State NY, Zip Code 14621. VEHICLE 2: Driver License ID Number 721765589, State of Lic. NY, Driver Name DAVEY, MAKITA, Address 198 ARBORWOOD CRES, City ROCHESTER, State NY, Zip Code 14615.

3 - Date of Birth: Brewer (3/17/1967, M, Unlicensed), Davey (3/21/1981, F, Unlicensed). No. of Occupants: Brewer (01), Davey (01). Public Property Damaged: .

4 - Address: Brewer (1140 NORTON ST, ROCHESTER, NY 14621), Davey (198 ARBORWOOD CRES, ROCHESTER, NY 14615).

5 - Plate Number: Brewer (GAN4911, NY, 1995 CADI, 4DSD, 626), Davey (ECG9637, NY, 2004 CHEV, 4DSD, 478).

1 - Violation Section(s):

6 - 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.

7 - VEHICLE DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes.

1 - Vehicle By: Towed: To:

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

Reference Marker, Coordinates (if available), Place Where Accident Occurred: County MONROE, City ROCHESTER, Road on which accident occurred THURSTON ROAD, at 1) intersecting street THURSTON ROAD/MILTON STREET.

Accident Description/Officer's notes: D1 SAID THAT D2 VEH STOPPED SUDDENLY CAUSING HIM TO REAR END VEHICLE 2. D1 SAID THAT D2 WAS STOPPING TO TALK TO SOMEONE ON THE STREET AND WAS IMPEDING VEHICLE TRAFFIC. D2 SAID THAT SHE STOPPED TO MAKE A RIGHT TURN WHEN SHE WAS REAR ENDED BY VEH 1. MINOR DAMAGE TO BOTH VEHICLES AND NO INJURIES TO REPORT.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: OFFICER Tito BATSON. Badge/ID No. 1631. NCIC No. 02701. Precinct/Post Troop/Zone 52. Station/Beat Sector WEST. Reviewing Officer Joseph, David A. Date/Time Reviewed 7/19/2012 07:38.

USE COVER SHEET
N

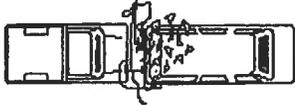
POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
12-183650
FQPR02000179

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
6	17	2012	Sunday	02:16	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
12-172571

AMENDED REPORT DMV COPY

19
2

1	Accident Date Month: 6, Day: 8, Year: 12	Day of Week FRI	Military Time 1120	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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2	VEHICLE 1 - Driver License ID Number: 825 777 481 Driver Name: ROOSE, JADA, L Address: 102 Rosalind ST City/Town: Rochester, State: NY, Zip Code: 14619				VEHICLE 2 - Driver License ID Number: 805 720 652 Driver Name: WILLIAMS, Norman Address: 24 BAUCE ST City/Town: Rochester, State: NY, Zip Code: 14606			
---	---	--	--	--	---	--	--	--

3	Date of Birth: 10/3/87, Sex: F, Unlicensed: <input checked="" type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 02/10/55, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>
4	Name: AUSTON DIRECT USA, Address: 6520 STATE ST, City: VICTOR, State: NY, Zip: 14564	Name: Same, Address: (blank), City: (blank), State: (blank), Zip: (blank)		

5	Plate Number: ESW9256, State: NY, Vehicle Year & Make: 2008 Nissan, Vehicle Type: 4D, Ins. Code: 480	Plate Number: AM396R, State: NY, Vehicle Year & Make: 2009 Buick, Vehicle Type: 4D, Ins. Code: 620
6	Ticket/Arrest Number(s): A05201025EQ, Violation Section(s): 509-1	Ticket/Arrest Number(s): (blank), Violation Section(s): (blank)

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 2, 2 Enter up to three more Damage Codes: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 4, 5	ACCIDANT DIAGRAM Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction)
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VEHICLE DAMAGE CODING:
1-13. SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available)	Place Where Accident Occurred: County: Monroe, City: Rochester Road on which accident occurred: 359 THORSTON RD at 1) intersecting street: (blank) or 2) (blank) of (blank)
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Accident Description/Officer's Notes: Driver 1 states that when she went to adjust the stereo, she looked at truck vehicle #2.

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	57	F								Driver - 1	
B	2	1	4	1	24	M								Driver - 2	
C	2	5	1	1	2	F								Johnson, Armon	
D															
E															
F															

Officer's Rank and Signature: PO Michael Johnson	Badge/ID No.: 1397	NCIC No.: 02701	Precinct/Post/Troop/Zone: 52	Station/Beat/Sector: west	Reviewing Officer: (Signature)	Date/Time Reviewed: 6/11/12
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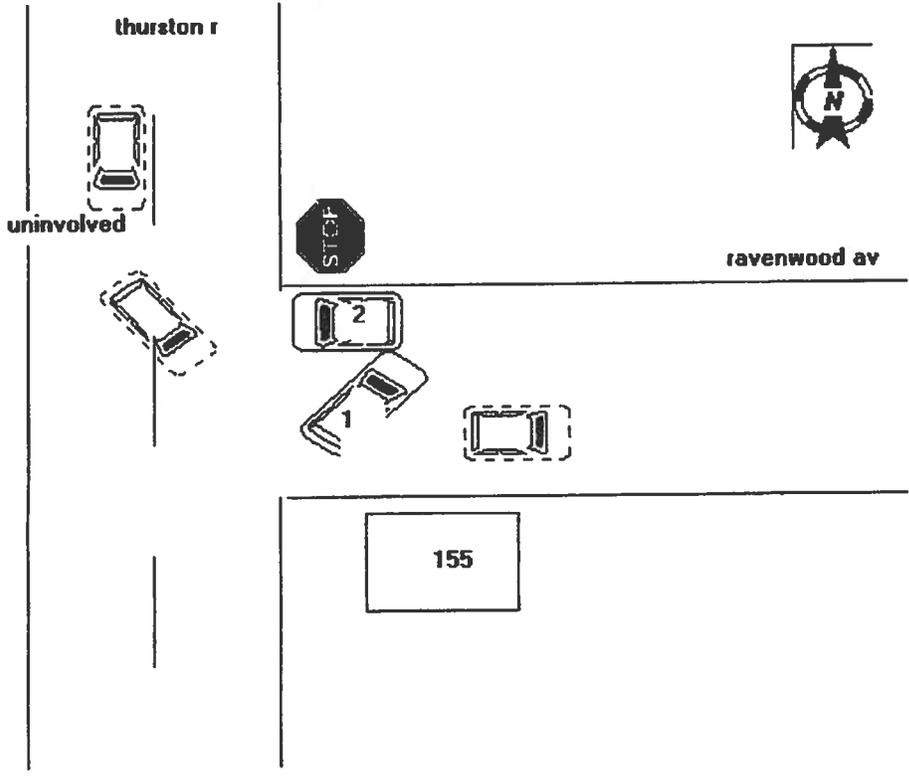
USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-171933
FQ7073000117

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"/> Yes <input checked="" type="checkbox"/> No
Month 6	Day 7	Year 2012	Thursday	20:15	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-143385

AMENDED REPORT

DMV COPY

1	Accident Date Month Day Year 5 31 2012	Day of Week THU	Military Time 1350	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE 1 508 092 035 NY				VEHICLE 2 BICYCLIST				PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		21
4	Driver Name - exactly as printed on license LANE, JORETTA, K.				Driver Name - exactly as printed on license GREENE, JEREMY				State of Lic. NY FL		4
	Address (Include Number & Street) 647 POST AVE				Address (Include Number & Street) 201 WESTFIELD ST				Apt. No. -		22
	City or Town ROCHESTER, NY				City or Town ROCHESTER, NY				State Zip Code NY 14619		14

3	Date of Birth Month Day Year 5 11 60	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 7 26 93	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
	Name - exactly as printed on registration LANE, JOSEPHINE, P.				Name - exactly as printed on registration -				Date of Birth Month Day Year -		1
	Address (Include Number & Street) 109 LEHIGH AVE				Address (Include Number & Street) -				Apt. No. Haz. Mat. Code Released -		24

4	City or Town ROCHESTER, NY	State NY	Zip Code 14619	City or Town -	State -	Zip Code -	25				
5	Plate Number FSZ4051	State of Reg. NY	Vehicle Year & Make 04 FORD	Vehicle Type VAN	Ins. Code 479	Plate Number -	State of Reg. -	Vehicle Year & Make -	Vehicle Type -	Ins. Code -	7

5	Ticket/Arrest Number(s) -	Ticket/Arrest Number(s) -	Violation Section(s) -	Violation Section(s) -	25
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6	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.	26
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM 424	1

7	Vehicle Towed To CFBO	Vehicle Towed To CFBO	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONK <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER Road on which accident occurred 424 THURSTON RD. (Route Number or Street Name) at 1) intersecting street or 2) 2000 <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of ANTHONY ST. (Milepost, Nearest Intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes: VEH-1 WAS N/A ON THURSTON RD, WHEN AT ABOUT 424 THURSTON RD. ITS FRONT PORTION STRUCK THE BICYCLIST THAT CROSSED IN FRONT OF IT, CAUSING INTURY AND DAMAGE. THE BICYCLIST SAID HE DID NOT SEE THE VEHICLE. OFF. 1 SAID THE BICYCLIST WAS GOING SIB IN THE N/A LANE & SUDDENLY TURNED IN FRONT OF HER. THE BICYCLIST SUFFERED FACIAL ABRASIONS/PAW TO LEG. WITNESS CHERYL STANG

	B	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved
A	1	1	4	1	F	-	-	-	-	-	JORETTA LANE			
B	8	1	3	18	M	12	11	10	9109	2706	JEREMY GREENE			
C														
D														
E														
F														

Officer's Rank and Signature Print Name in Full J. HOLMES	Badge/ID No. 0751	NCIC No. 02701	Precinct/Post Troop/Zone W	Station/Beat/Sector 52	Reviewing Office Sgt. E. Corrao	Date/Time Reviewed 6/1/12 1434
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-149506
FQ7203000038

AMENDED REPORT

19
X

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 68
	Month	Day	Year	Sunday	23:30	2	0	0	Accident Reconstructed <input type="checkbox"/>			

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.					21 X																		
	Driver Name - exactly as printed on license LSA,										Driver Name - exactly as printed on license PARKED,																												
	Address (Include Number and Street)										Apt. No.					Address (Include Number and Street)										Apt. No.													
	City or Town										State					Zip Code						City or Town										State					Zip Code		

3	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"/>	22 -
	Month	Day	Year			UN		Month	Day	Year		00			
	Name - exactly as printed on registration					Sex	Date of Birth	Name - exactly as printed on registration					Sex	Date of Birth	
	LSA,							MILTON, THERESA L					F	Month 9 Day 28 Year 1971	

4	Address (Include Number and Street)					Apt. No.					Address (Include Number and Street)					Apt. No.					23 5
	586 THURSTON RD										586 THURSTON RD										

4	City or Town					State					Zip Code					City or Town					State					Zip Code					24 1
	ROCHESTER					NY					14619					ROCHESTER					NY					14619					

5	Plate Number	State of Reg	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg	Vehicle Year & Make	Vehicle Type	Ins. Code	25 15
	UNKNOWN					FYJ1315	NY	1999 BUIC	4DSD	100	

5	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					26 10

6	Violation Section(s)					Violation Section(s)					27 1

7	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.					28 1
	<input type="checkbox"/> more than 95 inches wide;					<input type="checkbox"/> more than 95 inches wide;					Rear End					
	<input type="checkbox"/> more than 34 feet long;					<input type="checkbox"/> more than 34 feet long;					Left Turn					
	<input type="checkbox"/> operated with an overweight permit;					<input type="checkbox"/> operated with an overweight permit;					Right Angle					
<input type="checkbox"/> operated with an overdimension permit.					<input type="checkbox"/> operated with an overdimension permit.					Right Turn						
<input type="checkbox"/> operated with an overdimension permit.					<input type="checkbox"/> operated with an overdimension permit.					Head On						
VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					Sidewipe (same direction)						
Box 1 - Point of Impact					Box 1 - Point of Impact					Left Turn						
Box 2 - Most Damage					Box 2 - Most Damage					Right Turn						
Enter up to three more damage codes					Enter up to three more damage codes					Sidewipe (opposite direction)						
Vehicle Bv:					Vehicle Bv:					ACCIDENT DIAGRAM						
Towed: To:					Towed: To:					See the last page of the MV-104A for the accident diagram.						

VEHICLE DAMAGE CODING:					1-13 SEE DIAGRAM ON RIGHT.					Cost of repairs to any one vehicle will be more than \$1000.					29 -
14. UNDERCARRIAGE					17. DEMOLISHED					<input type="checkbox"/> Unknown/Unable to determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15. TRAILER					18. NO DAMAGE										
16. OVERTURNED					19. OTHER										

Reference Marker					Coordinates (if available)					Place Where Accident Occurred:					30
					Latitude/Northing:					County MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of ROCHESTER					
					Longitude/Easting:					Road on which accident occurred 586 THURSTON RD (Route Number or Street Name)					
										at 1) intersecting street _____ (Route Number or Street Name) or 2) 10 _____ <input type="checkbox"/> N <input checked="" type="checkbox"/> S of ROSALIND ST (Milepost, Nearest Intersecting Route Number or Street Name) feet miles <input type="checkbox"/> E <input type="checkbox"/> W					

Accident Description/Officer's notes
 VEH 2 WAS PARKED INFRONT OF LOCATION FACING NB. AN UNKNOWN VEH 1 APPARENTLY WAS BACKING UP DUE TO TRAFFIC AND STRUCK VEHICLE AND FLED NB ON THURSTON RD

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
	A												
B													
C													
D													
E													
F													

Officer's Rank and Signature	Officer <i>[Signature]</i>	Badge/ID No.	1321	NCIC No.	02701	Precinct/Post Troop/Zone	----	Station/Beat Sector	--	Reviewing Officer	Correia, Elena A	Date/Time Reviewed	6/1/2012 13:49
Print Name in Full	Lisa M LYONS												

USE COVER SHEET
N

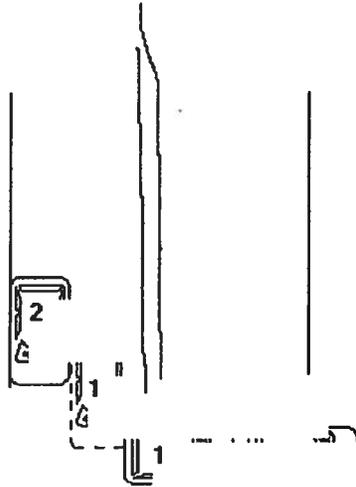
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 12-149506
FQ7203000038

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month 5	Day 20	Year 2012	Sunday	23:30	2	0	0	Accident Reconstructed <input type="checkbox"/>		

THURSTON ROAD



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-129304
FQ7308000069

AMENDED REPORT

19
X

1 - Accident Date: Month 5, Day 3, Year 2012; Day of Week: Thursday; Military Time: 18:55; No. of Vehicles: 2; No. Injured: 2; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes, No

20
X

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 374024459; State of Lic. NY; VEHICLE 2 - Driver License ID Number: 470568528; State of Lic. NY; Driver Name - exactly as printed on license: BENCE, JESSICA FRENS; AKI, SHATRILL I

21
69

Address (Include Number and Street): 569 WEGMAN RD; 36 CUNNINGHAM ST APT 3

City or Town: ROCHESTER; State: NY; Zip Code: 14624; ROCHESTER; State: NY; Zip Code: 14608

22
4

3 - Date of Birth: Month 5, Day 16, Year 1990; Sex: F; Unlicensed: ; No. of Occupants: 02; Public Property Damaged: ; Date of Birth: Month 10, Day 18, Year 1983; Sex: F; Unlicensed: ; No. of Occupants: 03; Public Property Damaged:

Name - exactly as printed on registration: BENCE, JESSICA FRENS; AKI, SHATRILL I

23
5

Address (Include Number and Street): 569 WEGMAN RD; 36 CUNNINGHAM ST APT 3

City or Town: ROCHESTER; State: NY; Zip Code: 14624; ROCHESTER; State: NY; Zip Code: 14608

24
2

Plate Number: FRB3964; State of Reg. NY; Vehicle Year & Make: 1992 CHEV; Vehicle Type: 4DSD; Ins. Code: 484; Plate Number: DVK1525; State of Reg. NY; Vehicle Year & Make: 2003 FORD; Vehicle Type: SUBN; Ins. Code: 071

1 - Ticket/Arrest Number(s); Violation Section(s)

25
1

6 - 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: 1, 2; Box 2 - Most Damage: 3, 4, 5

VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 9, 2; Box 2 - Most Damage: 3, 4, 5

Vehicle Bv: 454; Towed: To: 4 NIAGRA ST

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

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

26
3

27
1

Reference Marker; Coordinates (if available); Latitude/Northing; Longitude/Easting; Place Where Accident Occurred: County MONROE, City, Village, Town of ROCHESTER; Road on which accident occurred THURSTON RD; at 1) intersecting street ROSALIND ST; or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name)

28
1

Accident Description/Officer's notes: (V1) TRAVELING S/B ON THURSTON ROAD. (V2) FACING E/B ATTEMPTED TO MAKE A LEFT TURN ONTO THURSTON ROAD TO HEAD N/B. (V2)'S VIEW WAS OBSTRUCTED BY AN UNK VEHICLE PARKED AT THE N/W CORNER OF THURSTON RD. (V2) DID FAIL TO YIELD (V1)'S RIGHT OF WAY AND WHILE MAKING THE LEFT HAND TURN ACROSS (V1)'S LANE OF TRAFFIC (V1) STRUCK (V2). (P1) IS 4 MONTHS PREGNANT AND WAS TRANSPORTED TO PARK RIDGE HOSPITAL BY RURAL METRO 9139 FOR COMPLAINT OF STOMACH PAIN. (P3) WAS TRANSPORTED TO STRONG HOSPITAL BY RURAL METRO 9399 FOR COMPLAINT OF STOMACH PAIN.

29
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Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

30
-

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only

Officer's Rank and Signature: OFFICER [Signature]; Badge/ID No. 1954; NCIC No. 02701; Precinct/Post Troop/Zone W52; Station/Beat Sector RPD; Reviewing Officer Rivers, Jon S; Date/Time Reviewed 5/6/2012 21:54

ALL INVOLVED

USE COVER SHEET
N

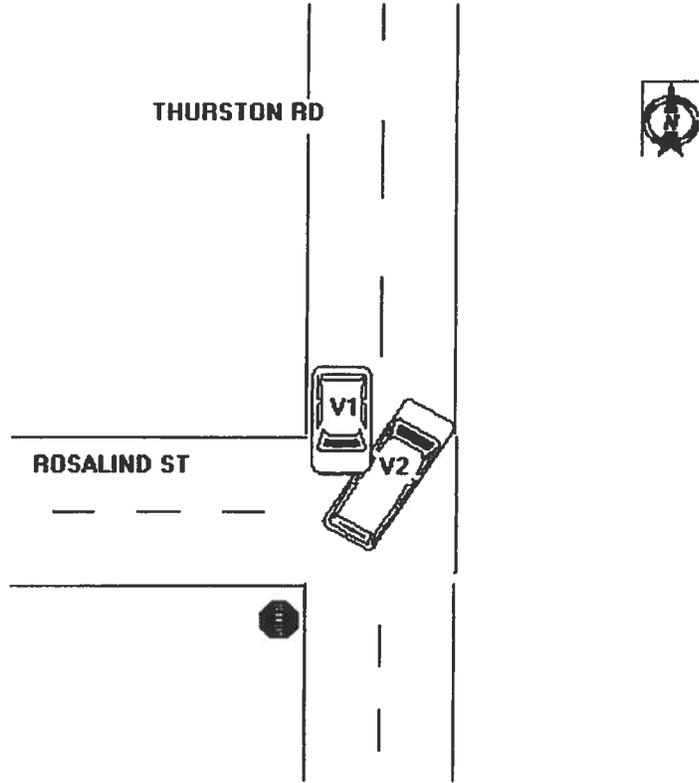
Local Codes
12-129304
FQ7308000069

POLICE ACCIDENT REPORT

MV-104A (3/04)

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Thursday	18:55	2	2	0	Accident Reconstructed <input type="checkbox"/>		
5	3	2012								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
12-117881

AMENDED REPORT

DMV COPY

19
17

1	Accident Date Month <u>04</u> Day <u>23</u> Year <u>12</u>	Day of Week <u>Mon</u>	Military Time <u>1409</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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2	VEHICLE 1 - Driver License ID Number <u>466-550-661</u>	State of Lic. <u>NY</u>	VEHICLE 2 - Driver License ID Number <u>287-389-830</u>	State of Lic. <u>NY</u>
	Driver Name - exactly as printed on license <u>CHESTER, NICOLE, E.</u>	Apt. No.	Driver Name - exactly as printed on license <u>POLIZZI, MICHAEL, L.</u>	Apt. No.
	Address (Include Number & Street) <u>2933 Rt. 350</u>	City/Town <u>WALWORTH, NY</u>	Address (Include Number & Street) <u>44 GANCROFT LN</u>	City/Town <u>ROCHESTER, NY</u>

3	Date of Birth Month <u>10</u> Day <u>30</u> Year <u>87</u>	Sex <u>F</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>	Date of Birth Month <u>08</u> Day <u>25</u> Year <u>83</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	Public Property Damaged <input type="checkbox"/>
2	Name - exactly as printed on registration <u>CHESTER, ALICE, C</u>	Sex <u>F</u>	Date of Birth Month <u>07</u> Day <u>20</u> Year <u>57</u>	Name - exactly as printed on registration <u>(DRIVER)</u>	Sex <u>M</u>	Date of Birth Month <u>08</u> Day <u>25</u> Year <u>83</u>	Sex <u>M</u>	Date of Birth Month <u>08</u> Day <u>25</u> Year <u>83</u>		

4	Plate Number <u>EAE 3281</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2007 TOYOTA</u>	Vehicle Type <u>4D</u>	Ins. Code <u>011</u>	Plate Number <u>ESP 7278</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2005 HONDA</u>	Vehicle Type <u>4D</u>	Ins. Code <u>113</u>
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5	Ticket/Arrest Number(s)	Violation Section(s)
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6	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.
---	--	--	--

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM
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8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>BROOKS AVENUE</u> (Route Number or Street Name) at 1) intersecting street <u>THURSTON RD.</u> (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 VEHICLE #1 WAS TRAVELING SOUTHBOUND ON THURSTON RD. APPROACHING THE INTERSECTION AT BROOKS AVE. VEHICLE #2 WAS TRAVELING EASTBOUND ON BROOKS AVE APPROACHING THURSTON RD. AS BOTH WERE APPROACHING THE TRAFFIC LIGHT AT THE INTERSECTION, BOTH VEH #1 & VEH #2 ENTERED THE INTERSECTION. VEH #1'S LEFT FRONT STRUCK VEH #2'S RIGHT FRONT. (W) LORRAINE BARBO, PHONE # 286-6173, OBSERVED THE ACCIDENT AS IT HAPPENED & BELIEVED VEH #1 HAD A RED LIGHT.

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	Names of all involved	Date of Death Only
A	1	1	4	1	24	F	-	-	6	-	-	-	-	CHESTER, NICOLE, E.	-
B	2	1	4	1	20	M	-	-	6	-	-	-	-	POLIZZI, MICHAEL, L.	-
C															
D															
E															
F															

Officer's Plank and Signature <u>P.O. Rodriguez</u>	Badge/ID No. <u>567</u>	NCIC No. <u>02701</u>	Precinct/Post Troop/Zone <u>WEST 54</u>	Station/Beat/Sector <u>54</u>	Reviewing Officer <u>Sgt. P. 2243</u>	Date/Time Reviewed
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USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-116977
FQ7171000023

AMENDED REPORT

19
4

1 Accident Date: Month 4, Day 22, Year 2012. Day of Week: Sunday. Military Time: 02:30. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [X]. Left Scene: [X]. Police Photos: [X] Yes, [X] No.

VEHICLE 1 [X] VEHICLE 2 [X] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

2 VEHICLE 1 - Driver License ID Number, Driver Name - exactly as printed on license LSA, Address (Include Number and Street), Apt. No., City or Town, State, Zip Code.

2 VEHICLE 2 - Driver License ID Number, Driver Name - exactly as printed on license PARKED, Address (Include Number and Street), Apt. No., City or Town, State, Zip Code.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles.

3 Name - exactly as printed on registration, Sex, Date of Birth for both vehicles.

4 Address (Include Number and Street), Apt. No., Haz. Mat. Code, Released for both vehicles.

4 City or Town, State, Zip Code for both vehicles.

5 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles.

5 Ticket/Arrest Number(s), Violation Section(s) for both vehicles.

6 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.

6 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes.

7 VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes.

7 Vehicle Bv., Towed: To: for both vehicles.

7 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER.

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting.

Place Where Accident Occurred: County MONROE, City [X], Village [], Town of ROCHESTER. Road on which accident occurred 542 THURSTON RD. at 1) intersecting street [] N [X] S [] E [] W of ENTERPRISE ST.

Accident Description/Officer's notes: ON 4/22/01 I RESPONDED TO 95 WESTFIELD ST IN REGARDS TO A DELAYED MVA REPORT OCCURRING IN FRONT OF 542 THURSTON RD. REPORTING PERSON STATES HE PARKED VEHICLE #2 ON THE STREET IN FRONT OF 542 THURSTON RD AT APPROXIMATELY 1930 HRS ON 4/21/12, AND UPON RETURNING TO THE VEHICLE AT 0230 HRS ON 4/22/12, HE FOUND DAMAGE TO THE FRONT BUMPER AND LICENSE PLATE AREA. REPORTER HAD NO INFORMATION ON STRIKING VEHICLE AND DID NOT NOTIFY POLICE AT THAT TIME. AFTER CONTACTING INSURANCE COMPANY, HE WAS ADVISED TO OBTAIN AN MVA REPORT. NO FURTHER INFORMATION ON STRIKING

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A through F.

Officer's Rank and Signature: OFFICER R. RIVERA. Badge/ID No.: 1822. NCIC No.: 02701. Precinct/Post Troop/Zone: ---. Station/Beat Sector: ---. Reviewing Officer: Dawley, Stephen J. Date/Time Reviewed: 4/22/2012 17:40.

29
X

30
-

USE COVER SHEET
N

ALL INVOLVED

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-116977
FQ717100023

AMENDED REPORT

19

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
	Month	Day	Year	Sunday	02:30	2	0	0	Accident Reconstructed <input type="checkbox"/>			

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - 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 and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	
	City or Town				State	City or Town				State	

3	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"/>	22
	Month	Day	Year			Month	Day	Year			
	Name - exactly as printed on registration				Sex	Date of Birth	Name - exactly as printed on registration				

4	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	23	
	City or Town				State	City or Town				State	City or Town					State
	Plate Number				State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number				State of Reg.	Vehicle Year & Make		Vehicle Type

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

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.				26
	<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.								
7	VEHICLE 1 DAMAGE CODES				VEHICLE 2 DAMAGE CODES				ACCIDENT DIAGRAM				27
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes				Vehicle Bv: Towed To:				

Reference Marker		Coordinates (if available)		Place Where Accident Occurred:								29
		Latitude/Northing:		County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____								
		Longitude/Easting:		Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W								

Accident Description/Officer's notes
 VEHICLE. NO CITY CAMERA IN VICINITY. NO WITNESSES TO ACCIDENT.

USE COVER SHEET
N

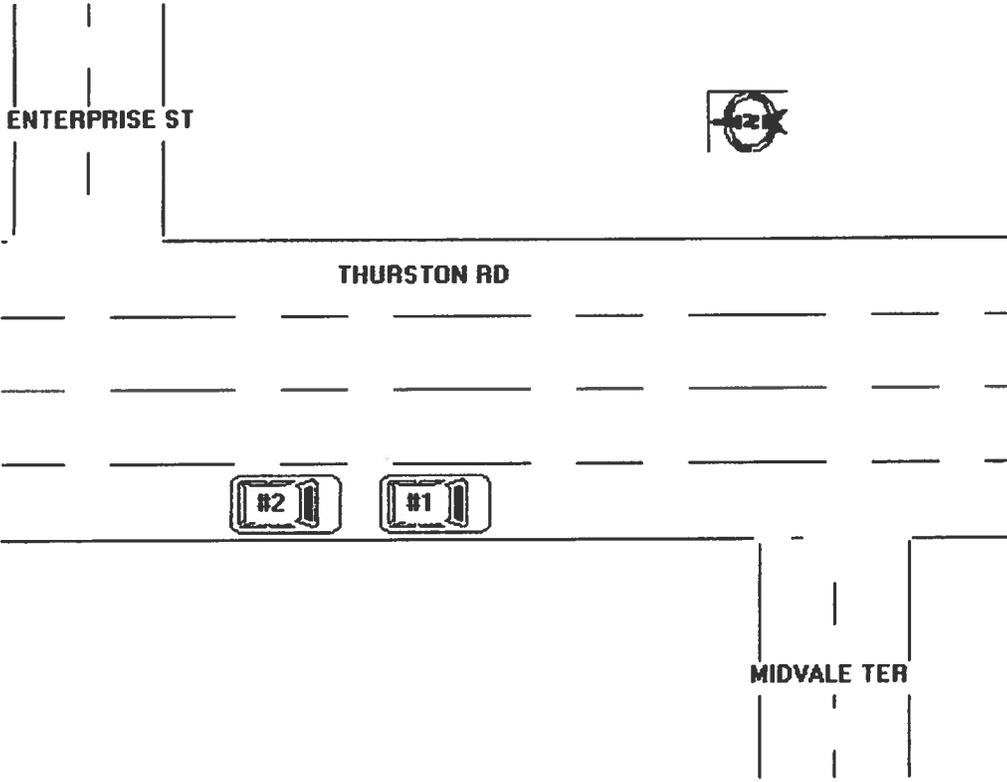
ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only		
	A														
B															
C															
D															
E															
F															
Officer's Rank and Signature OFFICER <u>R. R.</u>										Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full <u>RAFAEL RIVERA</u>										1822	02701	---	---	Dawley, Stephen J	4/22/2012 17:40

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-116977
FQ7171000023

AMENDED REPORT

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year								
4	22	2012	Sunday	02:30	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-095558
FQ2140000114

AMENDED REPORT

19
10

1	Accident Date Month: 4, Day: 2, Year: 2012	Day of Week Monday	Military Time 18:10	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number: 922554007 Driver Name - exactly as printed on license: PEARSON, SHAY R	State of Lic: NY	VEHICLE 2 - Driver License ID Number: _____ Driver Name - exactly as printed on license: _____	State of Lic: _____	21
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Address (include Number and Street): 8 MARGARET ST APT 2		Apt. No.:	Address (include Number and Street):		Apt. No.:
City or Town: ROCHESTER		State: NY	City or Town:		State: _____
Zip Code: 14619		City or Town:		State: _____	Zip Code: _____

3	Date of Birth: Month 5, Day 27, Year 1980 Sex: M Unlicensed: <input checked="" type="checkbox"/> No. of Occupants: 01 Public Property Damaged: <input type="checkbox"/>	Date of Birth: _____ Sex: _____ Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Public Property Damaged: <input type="checkbox"/>	22
---	---	--	----

2	Name - exactly as printed on registration: MONTALVO, YOLANDA I Sex: F Date of Birth: Month 9, Day 4, Year 1969	Name - exactly as printed on registration: _____ Sex: _____ Date of Birth: _____	23
---	--	--	----

4	Address (include Number and Street): 25 QUINCY ST City or Town: ROCHESTER State: NY Zip Code: 14609	Address (include Number and Street): _____ City or Town: _____ State: _____ Zip Code: _____	24
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5	Plate Number: APF4291 State of Reg: NY Vehicle Year & Make: 1994 NISS Vehicle Type: 4DSD Ins. Code: 011	Plate Number: _____ State of Reg: _____ Vehicle Year & Make: _____ Vehicle Type: _____ Ins. Code: _____	25
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1	Ticket/Arrest Number(s):	Ticket/Arrest Number(s):	25
---	--------------------------	--------------------------	----

1	Violation Section(s):	Violation Section(s):	25
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6	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.	26
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 2, 1, 2 Box 2 - Most Damage: 3, 4, 5 Enter up to three more damage codes: _____	VEHICLE 2 DAMAGE CODES 1, 2, 3, 4, 5	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.	27
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1	Vehicle Bv: 454 JOHN AND S Towed: To: 454 JOHN AND S	Vehicle Bv: _____ Towed: To: _____	27
---	---	---------------------------------------	----

1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28 17
---	--	--	----------

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: MONROE <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: ROCHESTER Road on which accident occurred: 403 THURSTON RD (Route Number or Street Name) at 1) intersecting street: LEHIGH AV (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	29 11
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8	Accident Description/Officer's notes: V1 WAS W/B ON ANTHONY ST APPROACHING INTERSECTION AT THURSTON ROAD, WHEN DRIVER OF V1 APPARENTLY HAD A SEIZURE. V1 PROCEEDED THROUGH INTERSECTION, AVOIDING ANY ADDITIONAL VEHICLES, BUT DID STRIKE THE CURBING ON THE S/W CORNER OF THURSTON/LEHIGH AND COMING TO REST AGAINST A UTILITY POLE AT THE CORNER. DRIVER OF V1 WAS INCOHERENT AT SCENE OF ACCIDENT AND WAS TRANSPORTED BY RURAL METRO TO STRONG MEMORIAL HOSPITAL. R/O DID FOLLOW UP AT STRONG AND SPOKE WITH DRIVER OF V1 WHO STATES THAT HE IS CURRENTLY ON MEDICATION FOR SEIZURES AND DOESNT	30
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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	31	M	X	X	4		2706	PEARSON, SHAY R	
B													
C													
D													
E													
F													

Officer's Rank and Signature: Daniel Watson	Badge/ID No.: 1980	NCIC No.: 02701	Precinct/Post Troop/Zone: ---	Station/Beat Sector: ---	Reviewing Officer: Rivers, Jon S	Date/Time Reviewed: 4/6/2012 22:44
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-095558
FQ2140000114

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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
	Month	Day	Year	Monday	18:10	1	1	0	Accident Reconstructed <input type="checkbox"/>			

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - Driver License ID Number				State of Lic.	21
	Driver Name - exactly as printed on license				Apt. No.	Driver Name - exactly as printed on license				Apt. No.	
	Address (Include Number and Street)				City or Town	Address (Include Number and Street)				City or Town	
	State				Zip Code	State				Zip Code	

3	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"/>	22
	Month	Day	Year			Month	Day	Year			
	Name - exactly as printed on registration					Name - exactly as printed on registration					

4	Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	23
	City or Town				State	City or Town				State	

5	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
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					

6	Violation Section(s)					Violation Section(s)					25
	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					

7	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.						26																		
	<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.					<table border="1"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>1. ←</td> <td>3. ↙</td> <td>4. ↓</td> <td>5. ↘</td> <td>7. →</td> </tr> <tr> <td>2. ←</td> <td>6. ↘</td> <td>8. ↘</td> <td>9. ↘</td> <td>8. ↘</td> </tr> <tr> <td>Sidewipe (same direction)</td> <td>Left Turn</td> <td>Right Turn</td> <td>Right Turn</td> <td>Sidewipe (opposite direction)</td> </tr> </table>							Rear End	Left Turn	Right Angle	Right Turn	Head On	1. ←	3. ↙	4. ↓	5. ↘	7. →	2. ←	6. ↘	8. ↘	9. ↘	8. ↘	Sidewipe (same direction)	Left Turn	Right Turn
Rear End	Left Turn	Right Angle	Right Turn	Head On																															
1. ←	3. ↙	4. ↓	5. ↘	7. →																															
2. ←	6. ↘	8. ↘	9. ↘	8. ↘																															
Sidewipe (same direction)	Left Turn	Right Turn	Right Turn	Sidewipe (opposite direction)																															

7	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					ACCIDENT DIAGRAM						27
	Box 1 - Point of Impact					Box 2 - Most Damage					Cost of repairs to any one vehicle will be more than \$1000.						

7	VEHICLE DAMAGE CODING:					VEHICLE DAMAGE CODING:					Cost of repairs to any one vehicle will be more than \$1000.						28
	1-13 SEE DIAGRAM ON RIGHT.					1-13 SEE DIAGRAM ON RIGHT.					<input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No						

8	Reference Marker	Coordinates (if available)	Place Where Accident Occurred:										29
		Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____										
		Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W										

Accident Description/Officer's notes
 REMEMBER ANYTHING OF INCIDENT. AT TIME OF WRITING NO COMPLAINTS OF INJURY BY DRIVER OF V1 OR TO ANY OTHER PARTY. NO DAMAGE TO UTILITY POLE. VEHICLE TOWED TO GARAGE.

USE COVER SHEET
N

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
	A												
	B												
	C												
	D												
	E												

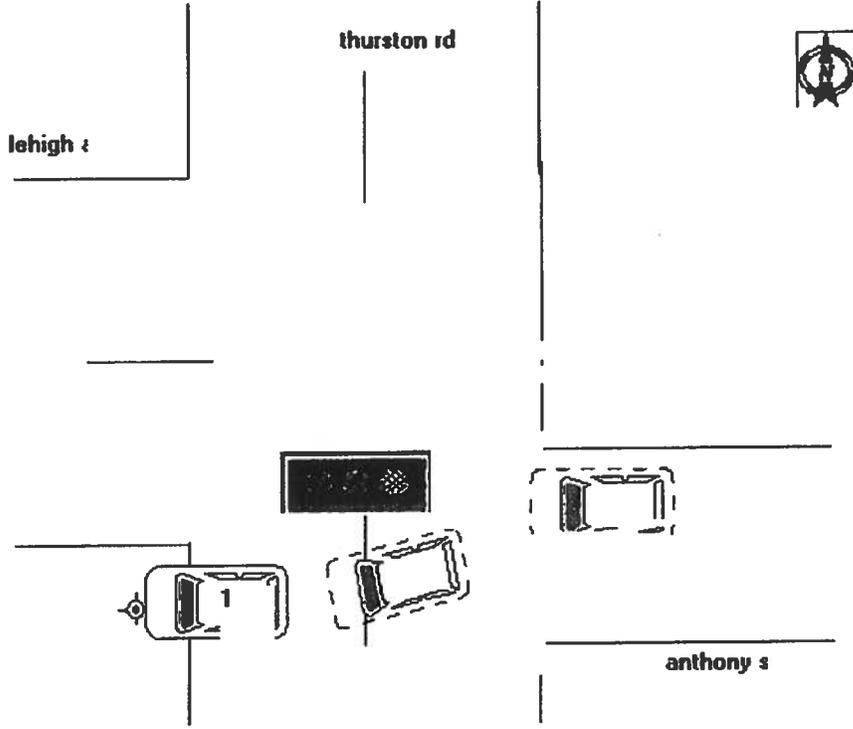
Officer's Rank and Signature	Officer <u>Daniel Watson</u>	Badge/ID No.	1980	NCIC No.	02701	Precinct/Post Troop/Zone	----	Station/Beat Sector	--	Reviewing Officer	Rivers, Jon S	Date/Time Reviewed	4/6/2012 22:44
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-095558
FQ2140000114

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
4	2	2012	Monday	18:10	1	1	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes

12-85877

AMENDED REPORT

19
2

1	Accident Date Month: 3, Day: 24, Year: 12	Day of Week Sat	Military Time 1021	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2	VEHICLE 1 Driver License ID Number: 218037517 Driver Name: Francois, Contena A. Address: 89 Durnan St. City/Town: Rochester, State: NY, Zip Code: 14621				VEHICLE 2 Driver License ID Number: 220303339 Driver Name: Branch, Menwa L. Address: 636 Stone Rd. City/Town: Greece, State: NY, Zip Code: 14616				21
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3	Date of Birth: 2/11/83, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 4/18/76, Sex: F, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input type="checkbox"/>	22
4	Name: same as D1, Address: [blank], City/Town: [blank], State: [blank], Zip Code: [blank]	Name: same as D2, Address: [blank], City/Town: [blank], State: [blank], Zip Code: [blank]	23		

5	Plate Number: 2W68115, State of Reg: NY, Vehicle Year & Make: 2004 Chev, Vehicle Type: SUBN, Ins. Code: 626	Plate Number: DN1680, State of Reg: NY, Vehicle Year & Make: 2006 Mit, Vehicle Type: 4DR, Ins. Code: 672	24
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6	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.	25
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, Box 2 - Most Damage: 8	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 2, Box 2 - Most Damage: 2	ACCIDENT DIAGRAM 1. [Diagram 1], 2. [Diagram 2], 3. [Diagram 3], 4. [Diagram 4], 5. [Diagram 5], 6. [Diagram 6], 7. [Diagram 7], 8. [Diagram 8], 9. [Diagram 9]	26
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8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	27
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9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Monroe, City/Village/Town of: Rochester Road on which accident occurred: 360 Thurston Rd. at 1) intersecting street: Milton St. or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	28
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Accident Description/Officer's Notes: D1 states she was backing up to pull out of a parking space across from above location when she observed V2 driving up behind her at the same time. D1 says at that time both vehicles collided. D2 states she was already parked behind D1 when V2 backed into her vehicle causing a crack to V2 front bumper. No damage to V1. No injuries. Witness for D1: Chexere Purrier. Witness for D2: Sabrina Lamar who was sitting inside V2 at time of accident. V2 was parked in a No parking zone.

ALL INVOLVED	A	B	C	D	E	F	BY	TO	18	Names of all involved	Date of Death Only
	1	1	4	1	29	F	-	-	-	Francois, Contena A.	-
	2	1	4	1	35	F	-	-	-	Branch, Menwa L.	-
	2	2	X	1	35	F	-	-	-	Lamar, Sabrina	-

Officer's Rank and Signature: PO BROWN	Badge/ID No.: 1649	NCIC No.: 02701	Precinct/Post/Troop/Zone: West	Station/Beat/Sector: 52	Reviewing Officer: [Signature]	Date/Time Reviewed: 3.24-12
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-085586
FQA050000028

AMENDED REPORT

19
2

1 Accident Date: Month 3, Day 23, Year 2012; Day of Week: Friday; Military Time: 23:57; No. of Vehicles: 1; No. Injured: 1; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes No; Accident Reconstructed: ; X

2 VEHICLE 1; VEHICLE 2; BICYCLIST; PEDESTRIAN; OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number 267235057; State of Lic NY; VEHICLE 2 - Driver License ID Number 195212783; State of Lic NY; 21

13 Driver Name - exactly as printed on license: CLARKE, WINSTON; REEVES, RANDELLE M

Address (Include Number and Street) and Apt. No. for both vehicles: 105 ROSALIND ST, ROCHESTER NY 14619; 474 FERNWOOD AVE, ROCHESTER NY 14621; 22

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged for both vehicles; 23

1 Name - exactly as printed on registration: CLARKE, WINSTON; REEVES, RANDELLE M; 23

4 Address (Include Number and Street) and Apt. No. for both vehicles: 105 ROSALIND ST, ROCHESTER NY 14619; 474 FERNWOOD AVE, ROCHESTER NY 14621; 24

5 Plate Number, State of Reg, Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles; 25

1 Ticket/Arrest Number(s) and Violation Section(s) for both vehicles; 25

6 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. 26

VEHICLE 1 DAMAGE CODES; VEHICLE 2 DAMAGE CODES; ACCIDENT DIAGRAM; 26

7 Enter up to three more damage codes for both vehicles; 27

1 Vehicle Bv: 451; Towed: To: 451; See the last page of the MV-104A for the accident diagram. 27

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED; 15. TRAILER 18. NO DAMAGE; 16. OVERTURNED 19. OTHER; Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No; 28

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County MONROE, City, Village, Town of ROCHESTER; Road on which accident occurred THURSTON RD; at 1) intersecting street ENTERPRISE ST; or 2) of; 29

Accident Description/Officer's notes: WITNESSES REPORT THAT P2 WAS SPEAKING TO THE OCCUPANTS OF A PARKED CAR ALONG THE DRIVER SIDE WHEN HE WAS STRUCK BY V1 THAT WAS N/B ON THUSTON RD. V1 LEFT THE SCENE BUT WAS FOLLOWED BY A WITNESS WHO FLAGGED DOWN OFFICERS. P2 WAS TRASPORTED BY AMBULANCE TO HIGHLAND HOSPITAL WITH LOWER LEG SWELLING AND PAIN ON THE RIGHT SIDE, HE REPORTS BEING PINNED BETWEEN V1 AND THE PARKED CAR. THE DRIVER OF V1 DENIES HITTING P2. A SIDE VIEW MIRROR WAS FOUND ON SCENE THAT MATCHED A MISSING MIRROW FROM V1; 30

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: Officer Greg Backus; Badge/ID No: 2013; NCIC No: 02701; Precinct/Post Troop/Zone: ---; Station/Beat Sector: ---; Reviewing Officer: Rodriguez, Juan M; Date/Time Reviewed: 3/25/2012 04:32; 30

ALL INVOLVED

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-085586
FQA05000028

AMENDED REPORT

1	Accident Date Month: 3, Day: 23, Year: 2012	Day of Week Friday	Military Time 23:57	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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VEHICLE				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN			
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2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - 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 and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	City or Town	State	City or Town	State	22

3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:					

4	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	24	
	City or Town	State	Zip Code	City or Town	State	Zip Code				
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

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

6	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.	26
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACIDENT DIAGRAM	27
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VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER		9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W	29
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Accident Description/Officer's notes
 ADDITIONAL TICKETS FOR DRIVER #1 - A045007TFQ, 11922AA
 WITNESS #1 - MARVIN COLEY 434 CARTER ST ROCHESTER NY 14621 (585) 351-1602 Ext.
 WITNESS #2 - CALVIN LATIMER 12 ROSEMARY DR ROCHESTER NY 14621 (585) 305-3910 Ext.
 WITNESS #3 - LAWRENCE ELSAW 30 PISSFORD ST ROCHESTER NY 14613 (585) 285-0709 Ext.

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A												
B												
C												
D												
E												
F												

Officer's Rank and Signature Officer <i>Greg Backus</i>	Badge/ID No. 2013	NCIC No. 02701	Precinct/Post Troop/Zone ---	Station/Beat Sector --	Reviewing Officer Rodriguez, Juan M	Date/Time Reviewed 3/25/2012 04:32
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ALL INVOLVED

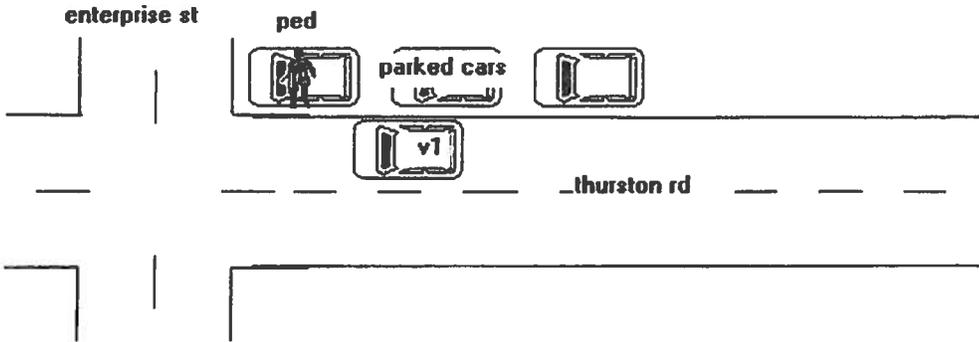
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USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-085586
FQA050000028

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 checked="" type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Friday	23:57	2	1	0	Accident Reconstructed <input type="checkbox"/>		
3	23	2012								



Local Codes 12-056587

New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

DMV COPY

19 7

1 Accident Date: 2/27/12, Day of Week: MONDAY, Military Time: 0904, No. of Vehicles: 2, No. Injured: 0, No. Killed: 0

2 VEHICLE 1: Driver License ID Number 384 319 675, Driver Name BROWN, ZOLA B, Address 83 ROSLYN ST, ROCHESTER, NY 14619

2 VEHICLE 2: Driver License ID Number 878 559 622, Driver Name TURNER, MATTIE P, Address 75 GREEN LEAF MEADOWS, ROCHESTER, NY 14612

3 Date of Birth: BROWN, ZOLA B (2/23/1965), TURNER, MATTIE P (7/10/1945)

4 Address: BROWN, ZOLA B (83 ROSLYN ST, ROCHESTER, NY 14619), TURNER, MATTIE P (75 GREEN LEAF MEADOWS, ROCHESTER, NY 14612)

5 Plate Number: DLH2923 (NY 2005 Lincoln SUVN 100), APG5908 (NY 2009 Chevy 40SD 470)

6 Violation Section(s):

VEHICLE DAMAGE CODING: Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, operated with an overload permit.

VEHICLE DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. VEHICLE 1: 1, 1. VEHICLE 2: 9, 9. Enter up to three more Damage Codes: 2, 4, 5.

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred 579 THURSTON RD, at 1) intersecting street ROSALIND ST.

Accident Description/Officer's Notes: VEH 2 WAS BEING OPERATED SOUTHBOUND ON THURSTON RD WHEN VEH. 1 WAS COMING OUT OF THE PARKING LOT OF THE YMCA AND STRUCK VEH # 2. THIS CAUSED A GOOD AMOUNT OF DAMAGE TO VEH 2 AND MINOR DAMAGE TO VEH 1 NO INJURIES REPORTED AT SCENE.

Table with columns: A, B, C, D, E, F, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows: A (1, 1, 4, 1, 47, F, -, -, -, -, -, BROWN, ZOLA B), B (2, 1, 4, 1, 66, F, -, -, -, -, -, TURNER, MATTIE P)

Officer's Rank and Signature: P/O A.K. Brown, Badge/ID No. 170, NCIC No. 0210, Precinct/Post Troop/Zone WEST 52, Station/Beat Sector, Reviewing Officer, Date/Time Reviewed 2/27/12 1410

USE COVER SHEET

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-048067
FQ7215000127

AMENDED REPORT

19
18

1 - Accident Date: Month 2, Day 18, Year 2012; Day of Week: Saturday; Military Time: 01:48; No. of Vehicles: 2; No. Injured: 0; No. Killed: 0; Not Investigated at Scene: ; Left Scene: ; Police Photos: Yes No

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: LSA; Driver Name: LSA; Address: [blank]; City/Town: [blank]; State: [blank]; Zip Code: [blank]; VEHICLE 2 - Driver License ID Number: 152306988; Driver Name: MCGILL, BRENT E; Address: 974 ARNETT BLVD; City/Town: ROCHESTER; State: NY; Zip Code: 14619

3 - Date of Birth: [blank]; Sex: [blank]; Unlicensed: ; No. of Occupants: UN; Public Property Damaged: ; VEHICLE 2 - Date of Birth: 9/25/1988; Sex: M; Unlicensed: ; No. of Occupants: 01; Public Property Damaged:

4 - Name: LSA; Sex: [blank]; Date of Birth: [blank]; Address: [blank]; City/Town: [blank]; State: [blank]; Zip Code: [blank]; VEHICLE 2 - Name: MCGILL, APRIL L; Sex: F; Date of Birth: 3/26/1968; Address: 974 ARNETT BLVD; City/Town: ROCHESTER; State: NY; Zip Code: 14619

5 - Plate Number: UNKNOWN; State of Reg: [blank]; Vehicle Year & Make: [blank]; Vehicle Type: [blank]; Ins. Code: [blank]; VEHICLE 2 - Plate Number: FRA7692; State of Reg: NY; Vehicle Year & Make: 1997 AUDI; Vehicle Type: 4DSD; Ins. Code: 100

6 - Ticket/Arrest Number(s): [blank]; Violation Section(s): [blank]; VEHICLE 2 - Ticket/Arrest Number(s): [blank]; Violation Section(s): [blank]

7 - Check if involved vehicle is: [blank]; VEHICLE 1 DAMAGE CODES: [blank]; VEHICLE 2 DAMAGE CODES: [blank]; ACCIDENT DIAGRAM: [blank]

8 - Vehicle Bv: [blank]; Towed To: [blank]; VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 16. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER

9 - Reference Marker: [blank]; Coordinates: [blank]; Place Where Accident Occurred: County MONROE, City of ROCHESTER, Road on which accident occurred 1 ROSALIND ST, at 1) intersecting street THURSTON RD

10 - Accident Description/Officer's notes: V2 WAS E/B ON ROSALIND ST AND WAS STOPPED AT THE STOP SIGN AT THE INTERSECTION OF ROSALIND ST/THURSTON RD. V1 WAS TRAVELLING S/B ON THURSTON RD AND ATTEMPTED TO MAKE A RIGHT HAND TURN ON ROSALIND ST. V1 MADE TOO WIDE OF A TURN AND STRUCK V2 ON THE LEFT SIDE DOOR WITH THE LEFT FRONT OF HIS VEHICLE. V1 CONTINUED W/B ON ROSALIND ST AND LEFT THE SCENE. V2 WAS NOT ABLE TO GET A LICENSE PLATE NUMBER AND DESCRIBED V1 AS A WHITE 4D SEDAN POSSIBLY AN ACURA.

ALL INVOLVED table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Row A: 2, 1, 4, 1, 23, M, -, -, -, MCGILL, BRENT E

11 - Officer's Rank and Signature: Officer Shane Disanto; Badge/ID No.: 2031; NCIC No.: 02701; Precinct/Post Troop/Zone: --; Station/Beat Sector: --; Reviewing Officer: Rodriguez, Juan M; Date/Time Reviewed: 2/22/2012 04:44

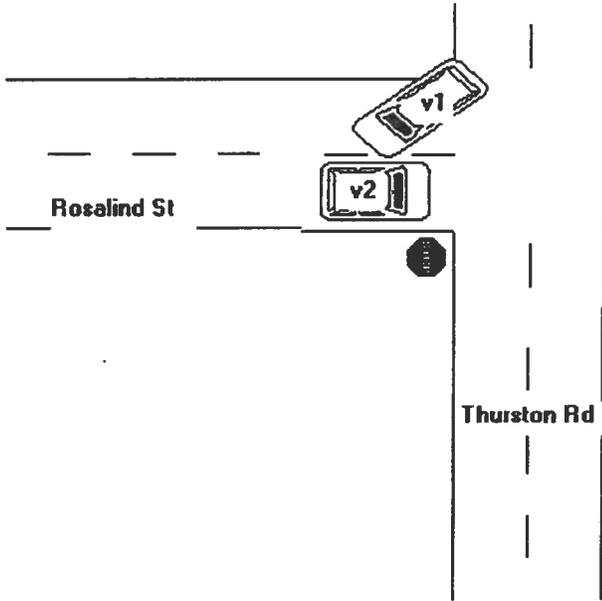
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
12-048067
FQ7215000127

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
2	18	2012	Saturday	01:48	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-053852
FQA459000014

AMENDED REPORT

19
3

1 Accident Date: Month 2, Day 27, Year 2013. Day of Week: Wednesday. Military Time: 19:28. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: .

2 VEHICLE 1: Driver License ID Number 355135228, State of Lic. NY, Driver Name SIPLIN, ERICKA N, Address 20 HERTEL ST, City ROCHESTER, State NY, Zip Code 14611. VEHICLE 2: Driver License ID Number, State of Lic., Driver Name PARKED, Address, City ROCHESTER, State NY, Zip Code.

3 Date of Birth: Month 12, Day 4, Year 1973. Sex F. Unlicensed . No. of Occupants 02. Public Property Damaged . Name SIPLIN, ERICKA N. VEHICLE 2: Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name STUBBS, LEONARD.

4 Address (Include Number and Street): 211 DEWEP ST, ROCHESTER, NY 14611. VEHICLE 2: Address (Include Number and Street): 88 RADIO ST DOWN, ROCHESTER, NY 14621.

5 Plate Number: FYJ1577, State of Reg. NY, Vehicle Year & Make 2010 DODG, Vehicle Type 4DSD, Ins. Code 113. VEHICLE 2: Plate Number EUP5642, State of Reg. NY, Vehicle Year & Make 2008 HYUN, Vehicle Type 4DSD, Ins. Code.

6 Ticket/Arrest Number(s):. Violation Section(s):.

7 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. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

8 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. Diagram showing vehicle damage locations 1-13.

9 Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County MONROE, City Village Town of ROCHESTER, Road on which accident occurred 622 THURSTON RD, at 1) Intersecting street MARGARET ST, or 2) feet miles of (Milepost, Nearest Intersecting Route Number or Street Name).

10 Accident Description/Officer's notes: ON THE ABOVE DATE AND TIME I RESPONDED TO 622 THURSTON RD FOR THE MVA REPORT. WHEN I ARRIVED I SPOKE TO RESIDENT THAT STATED HER VEHICLE (V2) WAS PARKED ON THURSTON ROAD WHEN STRUCK BY V1. DRIVER OF V1 SAID AS SHE WAS BACKING ONTO THURSTON RD FROM MARGARET ST, SHE BACKED INTO V2. SHE SAID SHE WAS TALKING TO HER SON AS SHE WAS BACKING UP AND DID NOT SEE V2. MINOR DAMAGE TO V1. MINOR SCRAPES TO V2 FRONT LEFT BUMPER. PREVIOUS DAMAGE TO V2 FROM BEING HIT NUMEROUS TIMES WHILE PARKED ON THURSTON RD. NO INJURIES.

11 INVOLVED: Table with columns 8-18 (Age, Sex, etc.) and names of all involved: SIPLIN, ERICKA N; PEARSON, KYLE.

12 Officer's Rank and Signature: WILLIAM WAGNER, Badge/ID No. 2334, NCIC No. 02701, Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer: Rivers, Jon S, Date/Time Reviewed: 3/2/2013 16:20.

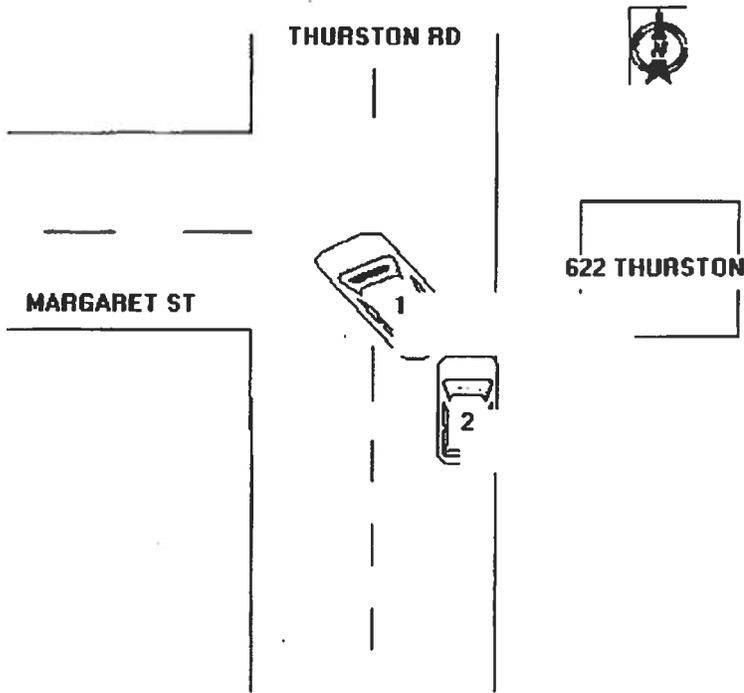
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-053852
FQA459000014

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Wednesday	19:28	2	0	0	Accident Reconstructed <input type="checkbox"/>		
2	27	2013								



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-053396
FQA126000068

AMENDED REPORT

19
4

1 - Accident Date: Month 2, Day 27, Year 2013. Day of Week: Wednesday. Military Time: 10:19. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: .

20
66

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 - VEHICLE 1 - Driver License ID Number: 253449152. State of Lic.: NY. VEHICLE 2 Driver License ID Number: 787233847. State of Lic.: NY.

21

Driver Name - exactly as printed on license: CROSS, HANS S. VEHICLE 2 Driver Name - exactly as printed on license: GRAHAM, LARENE.

4

Address (Include Number and Street): 125 ST PAUL ST. Apt. No.: [blank]. VEHICLE 2 Address (Include Number and Street): PO BOX 19861. Apt. No.: [blank].

City or Town: ROCHESTER. State: NY. Zip Code: 14604. VEHICLE 2 City or Town: ROCHESTER. State: NY. Zip Code: 14619.

22
7

3 - Date of Birth: Month 3, Day 14, Year 1976. Sex: M. Unlicensed: . No. of Occupants: 01. Public Property Damaged: . VEHICLE 2 Date of Birth: Month 4, Day 26, Year 1967. Sex: F. Unlicensed: . No. of Occupants: 01. Public Property Damaged: .

Name - exactly as printed on registration: SCALES, SHENA M. Sex: F. Date of Birth: Month 2, Day 17, Year 1986. VEHICLE 2 Name - exactly as printed on registration: GRAHAM, LARENE. Sex: F. Date of Birth: Month 4, Day 26, Year 1967.

23
5

Address (Include Number and Street): 90 RAMONA PARK. Apt. No.: [blank]. Haz. Mat. Code: [blank]. Released: . VEHICLE 2 Address (Include Number and Street): PO BOX 19861. Apt. No.: [blank]. Haz. Mat. Code: [blank]. Released: .

City or Town: ROCHESTER. State: NY. Zip Code: 14615. VEHICLE 2 City or Town: ROCHESTER. State: NY. Zip Code: 14619.

24
5

Plate Number: EVR4839. State of Reg.: NY. Vehicle Year & Make: 1999 DODG. Vehicle Type: SUBN. Ins Code: 999. VEHICLE 2 Plate Number: FYB5805. State of Reg.: NY. Vehicle Year & Make: 2006 AMGN. Vehicle Type: SUBN. Ins Code: 100.

5 - Ticket/Arrest Number(s): [blank]. VEHICLE 2 Ticket/Arrest Number(s): [blank].

Violation Section(s): [blank]. VEHICLE 2 Violation Section(s): [blank].

25
1

6 - 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 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.

7 - VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: [blank], [blank], [blank], [blank], [blank]. Box 2 - Most Damage: [blank], [blank], [blank], [blank], [blank]. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: [blank], [blank], [blank], [blank], [blank]. Box 2 - Most Damage: [blank], [blank], [blank], [blank], [blank].

26
5

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE. 15. TRAILER. 16. OVERTURNED. 17. DEMOLISHED. 18. NO DAMAGE. 19. OTHER. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram.

27
1

8 - Reference Marker: [blank]. Coordinates (if available): [blank]. Latitude/Northing: [blank]. Longitude/Easting: [blank]. Place Where Accident Occurred: County MONROE. City Village Town of ROCHESTER. Road on which accident occurred: 511 THURSTON RD. (Route Number or Street Name). at 1) Intersecting street: [blank]. (Route Number or Street Name). or 2) 50 feet miles. N S E W of SAWYER ST. (Milepost, Nearest intersecting Route Number or Street Name).

28
1

9 - Accident Description/Officer's notes: VEHICLE #1 TRAVELING SOUTHBOUND ON THURSTON RD, DID STRIKE VEHICLE #2 AS VEHICLE #2 WAS PULLING FROM THE CURB FROM A PARKED POSITION. OPERATOR #1 DID NOT HAVE A VALID DRIVER'S LICENSE AND IS CURRENTLY REVOKED FROM OPERATING A MOTOR VEHICLE IN NYS. CITATIONS ISSUED. VEHICLE #2 CURRENTLY HAD A SUSPENDED REGISTRATION FOR NO INSURANCE IN EFFECT. MRS. KAMEISHA M ROBY ARRIVED WITH AN INSURANCE CARD LISTING VEHICLE #2 AS INSURED AS OF 2/23/13 AND EXPIRING 4/24/13. SHE STATED SHE HAD JUST LEFT FROM GREECE, WHERE SHE WAS IN THE PROCESS OF

29
-

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	36	M	-	-	-			CROSS, HANS S	
B	2	1	4	1	45	F	-	-	-			GRAHAM, LARENE	
C													
D													
E													
F													

30
-
USE COVER SHEET
N

Officer's Rank and Signature: OFFICER R. RIVERA. Badge/ID No.: 1822. NCIC No.: 02701. Precinct/Post Troop/Zone: [blank]. Station/Beat Sector: [blank]. Reviewing Officer: Dawley, Stephen J. Date/Time Reviewed: 3/9/2013 11:03.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-053396
FOA126000068

AMENDED REPORT

1	Accident Date Month: 2, Day: 27, Year: 2013	Day of Week Wednesday	Military Time 10:19	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19
<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>										

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - Driver License ID Number	State of Lic.	21
Driver Name - exactly as printed on license		Apt. No.	Driver Name - exactly as printed on license		Apt. No.
Address (Include Number and Street)			Address (Include Number and Street)		
City or Town	State	Zip Code	City or Town	State	Zip Code

3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	22
Name - exactly as printed on registration						Name - exactly as printed on registration					
Address (Include Number and Street)						Address (Include Number and Street)					
City or Town	State	Zip Code	City or Town	State	Zip Code						

4	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	23
Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					
Violation Section(s)						Violation Section(s)					

5	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.	VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	VEHICLE 1	VEHICLE 2	24
Box 1 - Point of Impact		1	2	3	4	5
Box 2 - Most Damage		6	7	8	9	10
Enter up to three more damage codes		11	12	13	14	15

6	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	VEHICLE 1	VEHICLE 2	25
Vehicle Bv. Towed To:		Vehicle Bv. Towed To:		

7	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		

8	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County MONROE <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name) feet miles E W	27
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Accident Description/Officer's notes
GETTING VEHICLE REGISTERED. VEHICLE #2 WAS IMPOUNDED AND TOWED TO THE POUND.

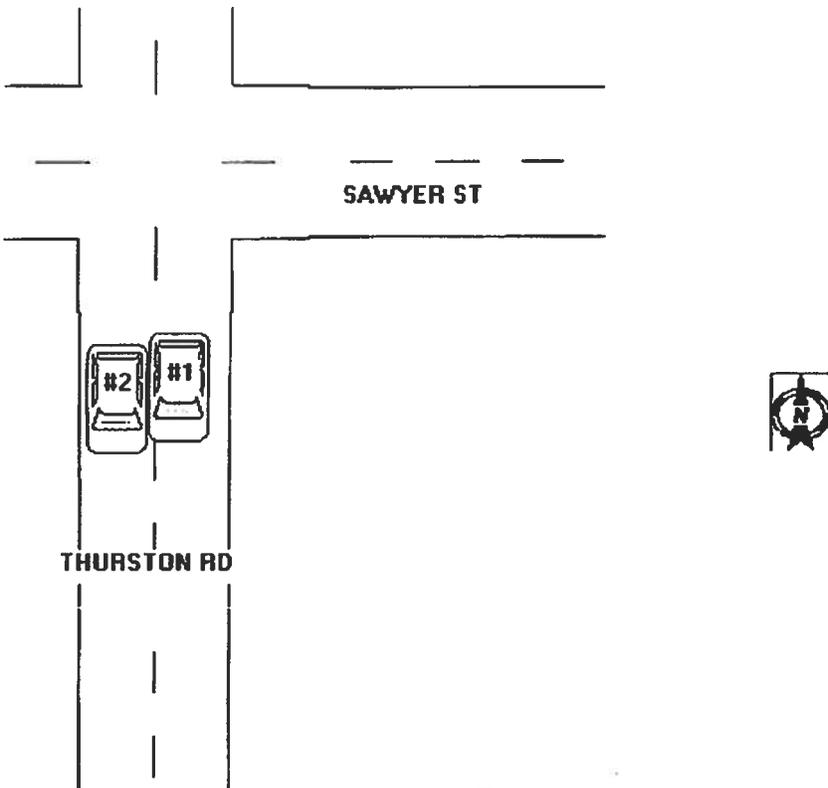
ALL INVOLVED	Names of all involved																	Date of Death Only								
	8	9	10	11	12	13	14	15	16	17	BY	TO	18	19	20	21	22	23	24	25	26	27	28	29	30	
A																										
B																										
C																										
D																										
E																										
F																										
Officer's Rank and Signature OFFICER <i>R. Rivera</i>												Badge/ID No.	NCIC No.	Prclnct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed									
Print Name RAFAEL RIVERA												1822	02701	----	---	Stephen J	3/9/2013 11:03									

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 13-053396
FQA126000068

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"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 27	Year 2013	Wednesday	10:19	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
4

Local Codes
13-052758
FQ7256000214

AMENDED REPORT

1	Accident Date Month 2 Day 26 Year 2013	Day of Week Tuesday	Military Time 16:55	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 69
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VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number 177319853	State of Lic. UT	VEHICLE 2 - Driver License ID Number 707145149	State of Lic. NY	21
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2	Driver Name - exactly as printed on license BRINGHURST, TREVOR	Driver Name - exactly as printed on license ANCHUNDA, RUBEN	-
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2	Address (Include Number and Street) 1823 RED MOUNTAIN DR	Apt. No.	Address (Include Number and Street) PO BOX 60393	Apt. No.	-
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22	City or Town SANTA CLARA	State UT	Zip Code 84765	City or Town ROCHESTER	State NY	Zip Code 14606	-
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3	Date of Birth Month 4 Day 9 Year 1992	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>	Date of Birth Month 9 Day 5 Year 1951	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>	23
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23	Name - exactly as printed on registration CORP: PRS: BSHP: CHRCH: OF: ,	Sex C	Date of Birth Month Day Year	Name - exactly as printed on registration ANCHUNDA, RUBEN	Sex M	Date of Birth Month 9 Day 5 Year 1951	23 2
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4	Address (Include Number and Street) 460 KREAG RD	Apt. No.	Haz. Mat. Code - -	Released <input type="checkbox"/>	Address (Include Number and Street) PO BOX 60393	Apt. No.	Haz. Mat. Code - -	Released <input type="checkbox"/>	24
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24	City or Town PITTSFORD	State NY	Zip Code 14534	City or Town ROCHESTER	State NY	Zip Code 14606	5
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5	Plate Number FWJ1882	State of Reg. NY	Vehicle Year & Make 2012 SUBA	Vehicle Type 4DSD	Ins. Code 228	Plate Number AWE2897	State of Reg. NY	Vehicle Year & Make 2011 MITS	Vehicle Type 4DSD	Ins. Code 639	25
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5	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25 3
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6	Violation Section(s)	Violation Section(s)	26
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6	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.	26 1
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACCIDENT DIAGRAM	27
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7	Vehicle Bv: Towed: To:	Vehicle Bv: Towed: To:	See the last page of the MV-104A for the accident diagram.	28
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7	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER		Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28 1
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29	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>ROCHESTER</u> Road on which accident occurred <u>515 THURSTON AVE</u> (Route Number or Street Name) at 1) intersecting street <u>HILLENDALE ST</u> (Route Number or Street Name) or 2) _____ _____ feet _____ miles <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)	29 -
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30	Accident Description/Officer's notes VI WAS TRAVELING EASTBOUND ON HILLENDALE AND CAME TO THE INTERSECTION OF THURSTON RD. V1 THEN BEGAN TO MAKE A LEFT HAND TURN ONTO THURSTON. V2 WAS TRAVELING SOUTHBOUND ON THURSTON RD. V1 THEN STRUCK V2. THE DRIVER OF V1 DID HAVE AN OBSTRUCTED VIEW DUE TO CARS PARKED ALONG THE WEST SIDE OF THURSTON RD BLOCKING THE VIEW. THE DRIVER OF V2 COMPLAINED OF CHEST PAIN AND WAS TAKEN TO PARKRIDGE HOSPITAL FOR EVALUATION BY RURAL METRO RIG #918. VI WAS TOWED BY 454 JOHN AND SONS COLLISION.	30 -
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8	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
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A	1	1	3	1	20	M	-	-	-			BRINGHURST, TREVOR	
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B	1	3	3	1	19	M	-	-	-			HOWARD, KYLE	
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C	2	1	3	1	61	M	05	12	6	RURAL	M	2703	ANCHUNDA, RUBEN	
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D	2	3	3	1	17	M	-	-	-				JAMES, CAMERON	
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E													
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F													
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OFFICER'S RANK AND SIGNATURE	OFFICER	Badge/ID No.	2140	NCIC No.	02701	Precinct/Post Troop/Zone	WEST	Station/Beat Sector	WEST	Reviewing Officer	Rivers, Jon S	Date/Time Reviewed	2/27/2013 16:13
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Print Name	Jason PRINZI	2140	02701	WEST	Rivers, Jon S	2/27/2013 16:13
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In Full						
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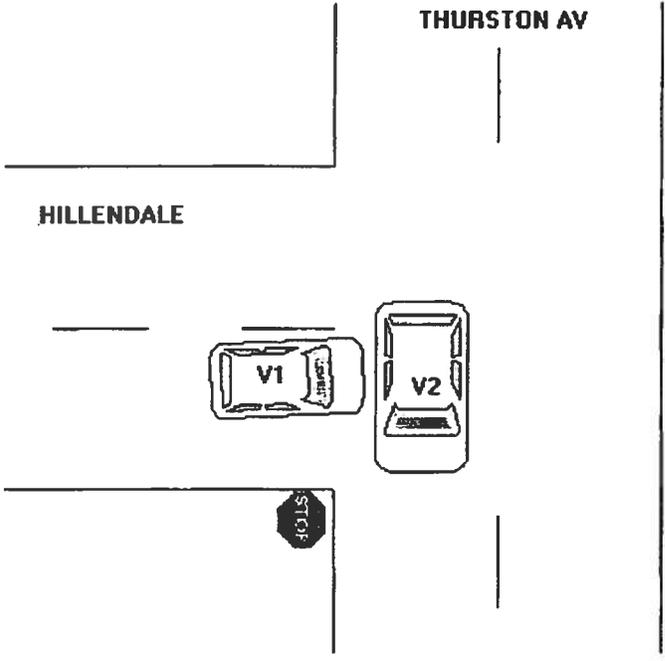
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 13-052758
FQ7256000214

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"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 26	Year 2013	Tuesday	16:55	2	1	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

AMENDED REPORT

19
4

1 Accident Date: Month 2, Day 24, Year 2013. Day of Week: Sunday. Military Time: 16:33. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: .

VEHICLE 1 VEHICLE 2 BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number: 719668693. State of Lic.: NY. VEHICLE 2 - Driver License ID Number: 419813789. State of Lic.: NY.

Driver Name - exactly as printed on license: RIVERS, DARNELL R (Vehicle 1); SMITH, DESIREE S (Vehicle 2).

Address (Include Number and Street): 934 S PLYMOUTH AVE (Vehicle 1); 45 SULLIVAN ST (Vehicle 2).

City or Town, State, Zip Code: ROCHESTER, NY, 14619 (Vehicle 1); ROCHESTER, NY, 14605 (Vehicle 2).

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged. Vehicle 1: 8/24/1986, M, , 01, . Vehicle 2: 5/30/1985, F, , 02, .

Name - exactly as printed on registration: ROSEBOROUGH, SHAUNEE S (Vehicle 1); WASHINGTON, SANDRA V (Vehicle 2).

Address (Include Number and Street): 354 RAVENWOOD AVE (Vehicle 1); 44 ENTERPRISE ST (Vehicle 2).

City or Town, State, Zip Code: ROCHESTER, NY, 14619 (Vehicle 1); ROCHESTER, NY, 14619 (Vehicle 2).

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code. Vehicle 1: GCN7156, NY, 2008 KIA, 4DSD, 639. Vehicle 2: EPL2206, NY, 1999 MERC, 2DSD, 100.

5 Ticket/Arrest Number(s): 1. Violation Section(s): 1.

6 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

7 Enter up to three more damage codes: 77, 4, 5.

Vehicle Bv, Towed: To.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED, 15. TRAILER, 18. NO DAMAGE, 16. OVERTURNED, 19. OTHER.

9. 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: County MONROE, City, Village, Town of ROCHESTER. Road on which accident occurred THURSTON ROAD.

at 1) Intersecting street HILLENDALE ST. or 2) _____ of _____.

Accident Description/Officer's notes: DRIVER OF V2 STATED SHE WAS DRIVING NORTH ON THURSTON ROAD WHEN SHE SAW V1 STARTING TO PULL OUT OF THE PARKING LOT OF 504 THURSTON ROAD AND START TO PULL INTO TRAFFIC.. DRIVER OF V2 STATED TO STARTED TO SLOW DOWN BECAUSE SHE DID NOT WANT V1 TO HIT HER. DRIVER OF V2 STATED THE MALE DRIVER IN V1 THEN HIT HER CAR AND THEN BACKED INTO THE PARKING LOT AND DROVE EAST ONTO SAWYER ST. V2 FRONT LICENSE PLATE WAS LEFT AT THE SCENE. DRIVER OF V2 AND HER SON WERE NOT INJURED HAD DAMAGE TO THE RIGHT SIDE OF THE FRONT BUMPER AND FENDER. DURING MY

Accident Description/Officer's notes: DRIVER OF V2 STATED SHE WAS DRIVING NORTH ON THURSTON ROAD WHEN SHE SAW V1 STARTING TO PULL OUT OF THE PARKING LOT OF 504 THURSTON ROAD AND START TO PULL INTO TRAFFIC.. DRIVER OF V2 STATED TO STARTED TO SLOW DOWN BECAUSE SHE DID NOT WANT V1 TO HIT HER. DRIVER OF V2 STATED THE MALE DRIVER IN V1 THEN HIT HER CAR AND THEN BACKED INTO THE PARKING LOT AND DROVE EAST ONTO SAWYER ST. V2 FRONT LICENSE PLATE WAS LEFT AT THE SCENE. DRIVER OF V2 AND HER SON WERE NOT INJURED HAD DAMAGE TO THE RIGHT SIDE OF THE FRONT BUMPER AND FENDER. DURING MY

Accident Description/Officer's notes: DRIVER OF V2 STATED SHE WAS DRIVING NORTH ON THURSTON ROAD WHEN SHE SAW V1 STARTING TO PULL OUT OF THE PARKING LOT OF 504 THURSTON ROAD AND START TO PULL INTO TRAFFIC.. DRIVER OF V2 STATED TO STARTED TO SLOW DOWN BECAUSE SHE DID NOT WANT V1 TO HIT HER. DRIVER OF V2 STATED THE MALE DRIVER IN V1 THEN HIT HER CAR AND THEN BACKED INTO THE PARKING LOT AND DROVE EAST ONTO SAWYER ST. V2 FRONT LICENSE PLATE WAS LEFT AT THE SCENE. DRIVER OF V2 AND HER SON WERE NOT INJURED HAD DAMAGE TO THE RIGHT SIDE OF THE FRONT BUMPER AND FENDER. DURING MY

ALL INVOLVED: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY TO 18. Names of all Involved: RIVERS, DARNELL R; SMITH, DESIREE S; SMITH, DURAN.

Officer's Rank and Signature: PO K. Maet. Badge/ID No.: 2091. NCIC No.: 02701. Precinct/Post Troop/Zone: WW. Station/Beat Sector: 52. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 2/24/2013 21:38.

Officer's Rank and Signature: PO K. Maet. Badge/ID No.: 2091. NCIC No.: 02701. Precinct/Post Troop/Zone: WW. Station/Beat Sector: 52. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 2/24/2013 21:38.

Officer's Rank and Signature: PO K. Maet. Badge/ID No.: 2091. NCIC No.: 02701. Precinct/Post Troop/Zone: WW. Station/Beat Sector: 52. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 2/24/2013 21:38.

Officer's Rank and Signature: PO K. Maet. Badge/ID No.: 2091. NCIC No.: 02701. Precinct/Post Troop/Zone: WW. Station/Beat Sector: 52. Reviewing Officer: Rivers, Jon S. Date/Time Reviewed: 2/24/2013 21:38.

USE COVER SHEET

N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

AMENDED REPORT

1	Accident Date Month: 2, Day: 24, Year: 2013	Day of Week Sunday	Military Time 16:33	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	State of Lic.	VEHICLE 2 - 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 and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	
	City or Town	State	City or Town	State	22

3	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: , Day: , Year:	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23
	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration	Sex	Date of Birth Month: , Day: , Year:					

4	Address (Include Number and Street)	Apt. No.	Released <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.	Released <input type="checkbox"/>	24			
	City or Town	State	Zip Code	City or Town	State	Zip Code				
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

5	Ticket/Arrest Number(s)	Violation Section(s)	Ticket/Arrest Number(s)	Violation Section(s)	25
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6	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.	26
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACCIDENT DIAGRAM	27
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VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name) feet miles E W	29
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Accident Description/Officer's notes
INVESTIGATION OF THIS MVA THE OWNER OF V1 CALLED 911 TO REPORT A HIT AND RUN. THE OWNER OF THE CAR, SHAUNEE ROSEBOROUGH STATED A CAR HIT HER ON THURSTON ROAD AND THEN DROVE OFF. THE OWNER OF THE CAR STATED SHE WAS DRIVING THE CAR WITH HER 2 SONS IN IT WHEN SHE WAS HIT. AFTER ASKING THE OWNER OF V1 MORE QUESTIONS SHE ADMITTED HER BOY FRIEND DARNELL RIVERS WAS DRIVING THE CAR AND HE HIT V2 AND DROVE OFF. THE OWNER OF V1 STATED THE DRIVER OF V1 DROVE OFF BECAUSE HE DOES NOT HAVE A VALID NY STATED DRIVERS LICENCE. THE DRIVER OF V1 WAS NOT

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature PO <i>K. Mael</i>	Badge/ID No. 2091	NCIC No. 02701	Precinct/Post Troop/Zone WW	Station/Beat Sector 52	Reviewing Officer Rivers, Jon S	Date/Time Reviewed 2/24/2013 21:38
Print Name in Full Kaitlyn Turner						

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

AMENDED REPORT

19

1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
	Month	Day	Year	Sunday	16:33	2	0	0	Accident Reconstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2	VEHICLE						<input type="checkbox"/> VEHICLE	<input type="checkbox"/> BICYCLIST	<input checked="" type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN	21		
	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 and Street)						Address (Include Number and Street)						

3	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	No. of Occupants	Public Property Damaged	22
	Month	Day	Year		<input type="checkbox"/>	Month	Day	Year		

4	Name - exactly as printed on registration			Sex	Date of Birth	Year	Name - exactly as printed on registration			Sex	Date of Birth	Year	23
	Month	Day	Year		Month	Day	Year	Month	Day	Year			

5	Address (Include Number and Street)			Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)			Apt. No.	Haz. Mat. Code	Released	24
	City or Town	State	Zip Code			<input type="checkbox"/>	City or Town	State	Zip Code				

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

7	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. Rear End Left Turn Right Angle Right Turn Head On 1 2 3 4 5 6 7 Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction) 8 9	ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No	26
	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes			

8	Reference Marker	Coordinates (If available)	Place Where Accident Occurred:	27
		Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
		Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ feet _____ miles _____ E _____ W of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
 WITH THE OWNER WHEN R/O SPOKE WITH HER. THE OWNER OF V1 WAS GIVEN A TICKET FOR KNOWING HER BOYFRIEND WAS DRIVING HER CAR WITHOUT A VALID NY STATE LICENCE. WHEN R/O WENT TO SPEEK WITH THE OWNER OF V1 ABOUT THE HIT AND RUN SHE WAS ON THE PHONE WITH HER INSURANCE COMPANY. R/O HEARD HER TELLING THEM A GREEN CAR HIT HER ON THURSTON ROAD AND RAVENWOOD AVE AND THEN DROVE OFF. R/O TOLD THE OWNER OF V1 SHE NEEDED TO CALL BACK HER INSURANCE COMPANY AND TELL THEM THE TRUTH. THE DRIVER OF V1 WAS NOT INJURED. V1 HAD DAMAGE TO THE FRONT CENTER OF THE CAR.

USE COVER SHEET

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
	A														
B															
C															
D															
E															
F															

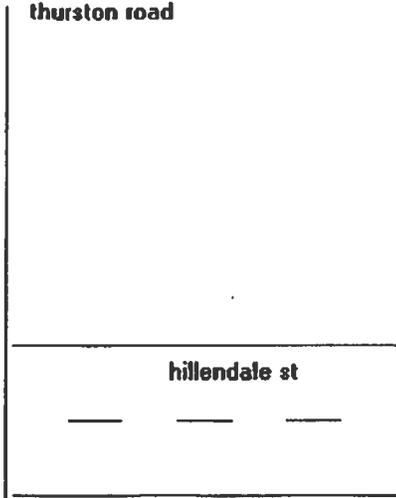
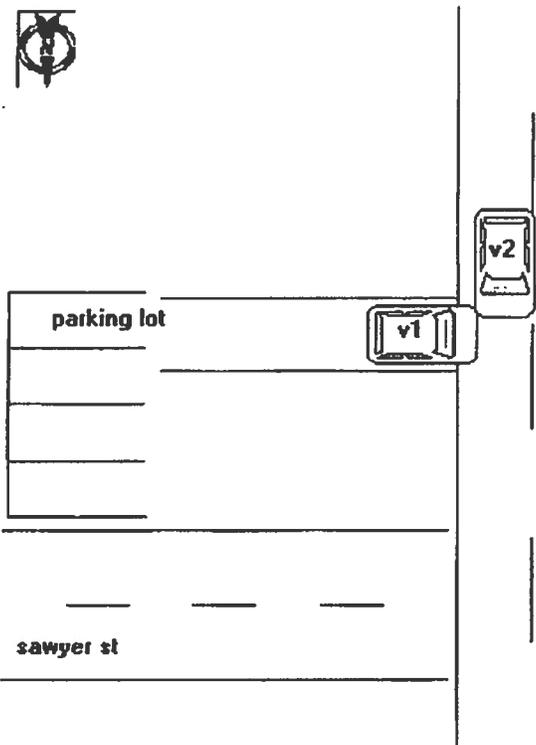
Officer's Rank and Signature	PO <i>K. Maer</i>	Badge/ID No.	2091	NCIC No.	02701	Precinct/Post Troop/Zone	WW	Station/Beat Sector	52	Reviewing Officer	Rivers, Jon S	Date/Time Reviewed	2/24/2013 21:38
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New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-050956
FQ7237000139

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 checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year						Accident Reconstructed <input type="checkbox"/>		
2	24	2013	Sunday	16:33	2	0	0			



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
27

Local Codes
13-050150
FQA382000021

AMENDED REPORT

1 Accident Date: Month 2, Day 23, Year 2013, Day of Week Saturday, Military Time 19:09, No. of Vehicles 2, No. Injured 4, No. Killed 0, Not Investigated at Scene , Left Scene , Police Photos Yes No

2 VEHICLE 1: Driver License ID Number 571216884, State of Lic. NY, Driver Name STERN, SANDER, Address 135 FRENCH CREEK DR, City ROCHESTER, State NY, Zip Code 14618

2 VEHICLE 2: Driver License ID Number 553495593, State of Lic. NY, Driver Name MIKEL, TYSHARA S, Address 111 VERMONT STREET, City ROCHESTER, State NY, Zip Code 14609

3 Date of Birth: Month 7, Day 26, Year 1943, Sex M, Unlicensed , No. of Occupants 01, Public Property Damaged ; Month 7, Day 14, Year 1976, Sex F, Unlicensed , No. of Occupants 03, Public Property Damaged

4 Name: PV HOLDING CORP, MIKEL, TYSHARA S; Date of Birth: Month 7, Day 14, Year 1976, Sex F

4 Address: 8600 HANGER BLVD, 111 VERMONT STREET; City/Town: ORLANDO, ROCHESTER; State: FL, NY; Zip Code: 32827, 14609

5 Plate Number: U690CJ, GES6172; State of Reg.: NY, NY; Vehicle Year & Make: 2013 MAZD, 2005 CHEV; Vehicle Type: 4DSD, SUBN; Ins. Code: 997, 626

6 Ticket/Arrest Number(s): [Blank]; Violation Section(s): [Blank]

6 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.

7 Box 1 - Point of Impact, Box 2 - Most Damage; Enter up to three more damage codes

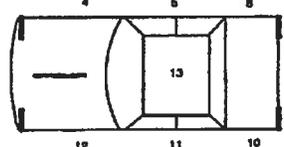
7 Accident Diagram: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

7 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage; Enter up to three more damage codes

7 VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage; Enter up to three more damage codes

7 Vehicle Bv., Towed To: [Blank]

7 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER



7 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: County MONROE, City ROCHESTER, Road on which accident occurred 583 BROOKS AVE

at 1) Intersecting street THURSTON RD, or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes: VEH 1 WAS TRAVELING EAST ON BROOKS AVE AT THRUSTON RD WHILE VEH 2 WAS TRAVELING WEST. VEH 1 CROSSED THE YELLOW LINE INTO THE PATH OF VEH 2. VEH 1 STRUCK VEH 2 CAUING DAMAGE TO BOTH VEH'S. ALL INVOLVE WERE INJURED AND TAKEN TO STRONG FOR FACE AND/OR NECK PAIN. THE WITNESS WAS TRAVELING DIRECTLY BEHIND VEH 1 AND CONFIRMED THIS STORY. WITNESS #1 - BRIAN LAWHORN 321 WOLCOT ROCHESTER NY 14606 (585) 205-1336 Ext.

Table with columns: B, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A-F containing driver information.

Officer's Rank and Signature: OFFICER EDWARD FRATANGELO, Badge/ID No. 1745, NCIC No. 02701, Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer: Rivers, Jon S, Date/Time Reviewed: 2/24/2013 21:32

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-036427
FOA126000057

AMENDED REPORT

19
66

1 - Accident Date: Month 2, Day 8, Year 2013. Day of Week: Friday. Military Time: 13:42. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 - VEHICLE 1: Driver License ID Number 316928857, State of Lic. NY, Driver Name BROOKS, MONTOYA T, Address 377 POST AVE, City ROCHESTER, State NY, Zip Code 14619. VEHICLE 2: Driver License ID Number 740809901, State of Lic. NY, Driver Name CRUZ, CARMEN M, Address 31 STANFIELD TER, City ROCHESTER, State NY, Zip Code 14619.

3 - Date of Birth: Month 5, Day 15, Year 1980, Sex F, Unlicensed . No. of Occupants: 01. Public Property Damaged: . VEHICLE 2: Date of Birth: Month 11, Day 7, Year 1978, Sex F, Unlicensed . No. of Occupants: 01. Public Property Damaged: .

4 - Plate Number: EKV8749, State of Reg. NY, Vehicle Year & Make: 2008 SAA, Vehicle Type: SUBN, Ins. Code: 100. VEHICLE 2: Plate Number: DSL4987, State of Reg. NY, Vehicle Year & Make: 2006 CHEV, Vehicle Type: 4DSD, Ins. Code: 100.

5 - 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.

6 - VEHICLE DAMAGE CODING: Box 1 - Point of Impact: 1, 2. Box 2 - Most Damage: 1, 1. Enter up to three more damage codes: 3, 4, 5.

7 - ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No.

8 - Place Where Accident Occurred: County MONROE, City Village Town of ROCHESTER. Road on which accident occurred THURSTON RD. at 1) intersecting street BROOKS AVE. or 2) feet _____ miles N S E W.

9 - Accident Description/Officer's notes: VEHICLE #1 TRAVELING SOUTHBOUND ON THURSTON RD, DID STRIKE VEHICLE #2 WHICH WAS STOPPED IN TRAFFIC TRAVELING EASTBOUND, CAUSING DAMAGE TO THE DRIVER SIDE FENDER OF VEHICLE #2. OPERATOR #1 STATES SHE WAS ATTEMPTING TO MAKE A RIGHT HAND TURN AND VEHICLE SLID ON THE ICY ROADWAY. NO INJURIES REPORTED OR OBSERVED. NO TOW NEEDED FOR EITHER VEHICLE. ACCIDENT INFORMATION FOR GIVEN TO BOTH OPERATORS.

Table with columns: B, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all Involved, Date of Death Only. Rows A-F. Includes Officer's Rank and Signature: OFFICER RAFAEL RIVERA, Badge/ID No. 1822, NCIC No. 02701, Precinct/Post Troop/Zone ---, Station/Beat Sector ---, Reviewing Officer Joseph, David A, Date/Time Reviewed 2/22/2013 14:26.

ALL INVOLVED

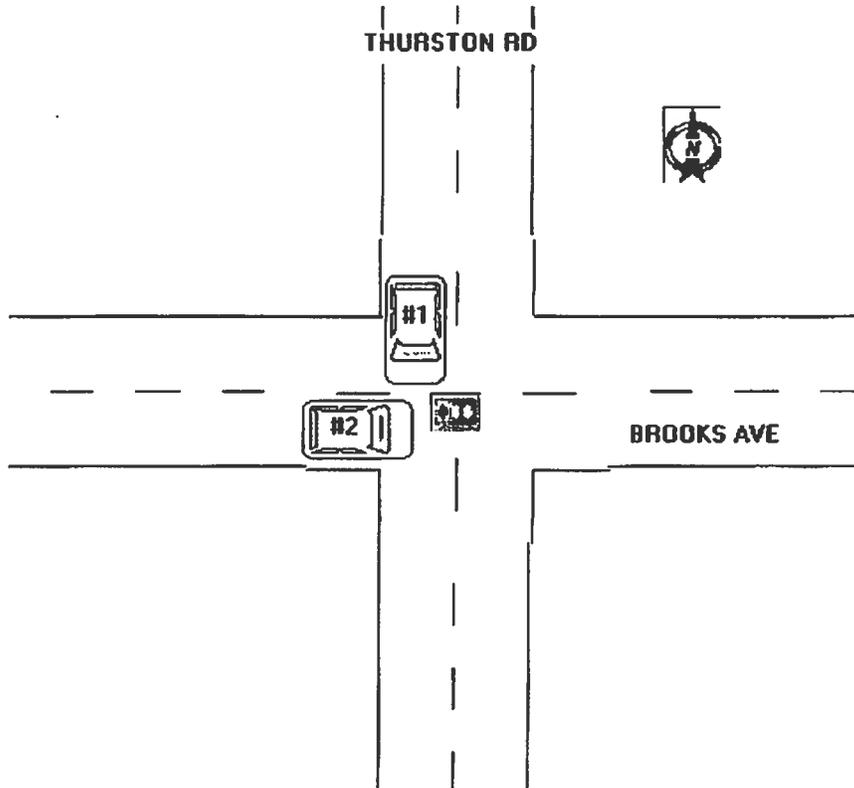
USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes 13-036427
FQA126000057

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"/> Yes <input checked="" type="checkbox"/> No
Month 2	Day 8	Year 2013	Friday	13:42	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)
DMV COPY

Local Codes
13-036299

AMENDED REPORT

19
4

1	Accident Date Month: 2 Day: 8 Year: 2013	Day of Week Friday	Military Time 1230	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
	Accident Reconstructed <input type="checkbox"/>							Accident Reconstructed <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	id

2	VEHICLE 1 Driver License ID Number: 660-717-617 Driver Name: Murry, Christopher Address: 344 Troup St City/Town: Rochester State: NY Zip Code: 14611				VEHICLE 2 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN Driver License ID Number: Parked Driver Name: Parked Address: Parked City/Town: Parked State: Parked Zip Code: Parked				21
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3	Date of Birth: 12/25/76 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	Date of Birth: 12/25/76 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>	22
	Name: Murry, Christopher Sex: M Date of Birth: 12/25/76	Name: Boyd, Jason, Q Sex: M Date of Birth: 10/30/90	23

4	Address: 344 Troup St Apt. No.: 2 Haz. Mat. Code: - Released: <input type="checkbox"/>	Address: 4325 White Swan Dr Apt. No.: - Haz. Mat. Code: - Released: <input type="checkbox"/>	24
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5	Plate Number: FWH-7107 State of Reg: NY Vehicle Year & Make: 07 Nissan Vehicle Type: 4DSD Ins. Code: 626	Plate Number: GCT-3714 State of Reg: NY Vehicle Year & Make: 07 Infiniti Vehicle Type: 4DSD Ins. Code: 016	25
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6	Check if involved vehicle is: <input type="checkbox"/> more than 85 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 85 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.	26
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7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 3 3 Box 2 - Most Damage: 3 3 Enter up to three more Damage Codes: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 9 10 Box 2 - Most Damage: 9 10 Enter up to three more Damage Codes: 11 12	ACCIDENT DIAGRAM 9.	27
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8	Vehicle Towed: To CFBO	Vehicle Towed: To CFBO	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No	28
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9	Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County: Monroe City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of Rochester NY Road on which accident occurred: 5th Thurston Rd (Route Number or Street Name) at 1) intersecting street or 2) 40 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of Hillendale (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes: **veh 1 was coming off W/B sawyer st and making a left turn onto 5th Thurston rd. Veh 1 slid and with it's front pass. side bumper area did strike veh 2's rear drivers side bumper area and then scratched the engine driver's side of veh 2. veh 2 was parked on the west curb of thurston rd facing 8/B.**

BY	TO	Names of all involved	Date of Death Only
1	4	Murry, Christopher	-
2	Parked	-	-
3	-	-	-
4	-	-	-
5	-	-	-
6	-	-	-

Officer's Rank and Signature McNEES	Badge/ID No. 1398	NCIC No. 02701	Precinct/Post West	Station/Beat/ 52	Reviewing Officer [Signature]	Date/Time Reviewed 7/9/13 1945
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

19
7

Local Codes
13-032745
FQA414000012

AMENDED REPORT

1 Accident Date: Month 2, Day 4, Year 2013. Day of Week: Monday. Military Time: 11:29. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No.

2 VEHICLE 1 - Driver License ID Number: 459721756. State of Lic. NY. Driver Name: MANYWETHER, CARLETTA E. Address: 64 HILLENDALE ST, ROCHESTER, NY 14619. VEHICLE 2 - Driver License ID Number: 568320040. State of Lic. NY. Driver Name: LASSITER, DIANE. Address: 379 SHERMAN ST, ROCHESTER, NY 14606.

3 Date of Birth: 10/16/1947. Sex: F. Unlicensed: . No. of Occupants: 02. Public Property Damaged: . VEHICLE 2: Date of Birth: 1/25/1967. Sex: F. Unlicensed: . No. of Occupants: 04. Public Property Damaged: .

4 Address: 64 HILLENDALE ST, ROCHESTER, NY 14619. VEHICLE 2: Address: 379 SHERMAN ST, ROCHESTER, NY 14606. Plate Number: DRP3889, NY, 2006 BUIC, 4DSD, 484. VEHICLE 2: Plate Number: ELS6903, NY, 2002 PONT, 4DSD, 016.

5 Ticket/Arrest Number(s): Violation Section(s):

6 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.

7 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 2, 2. Box 2 - Most Damage: 3, 4, 5. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 5, 5. Box 2 - Most Damage: 4, 5, 6.

8 ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No.

9 Reference Marker: Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County MONROE, City Village Town of ROCHESTER. Road on which accident occurred THURSTON RD. at 1) Intersecting street HILLENDALE ST. or 2) feet miles of (Milepost, Nearest intersecting Route Number or Street Name)

10 Accident Description/Officer's notes: VEH 1, WHICH WAS FACING E ON HILLENDALE ST ATTEMPTING TO MAKE A LEFT TURN TO HEAD N ON THURSTON FAILED TO YIELD RIGHT OF WAY TO VEH 2. THE FRONT OF VEH 1 STRUCK VEH 2 ON ITS PASSENGER SIDE. PASSENGER LASHAWN BROWN WAS TRANSPORTED BY RURAL METRO RIG NUMBER 9149 TO STRONG AS PRECAUTIONARY MEASURES. NO INJURIES REPORTED. BOTH VEHICLES CARED FOR BY DRIVERS.

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	65	F	-	-	-			MANYWETHER, CARLETTA	
B	1	3	4	1	53	F	-	-	-			LAWSON, ROBIN	
C	2	1	4	1	46	F	-	-	-			LASSITER, DIANE	
D	2	3	4	1	45	M	-	-	-			BROWN, JOHN L	
E	2	6	5	1	2	F	-	-	-			BROWN, LASHAWN	
F	2	4	4	1	19	M	-	-	-			LASSITER, DAMIEN D	

Officer's Rank and Signature: OFFICER SPENSER MCAVOY. Badge/ID No.: 2325. NCIC No.: 02701. Precinct/Post Troop/Zone: ----. Station/Beat Sector: --. Reviewing Officer: Dawley, Stephen J. Date/Time Reviewed: 2/8/2013 07:38.

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-032745
FQA414000012

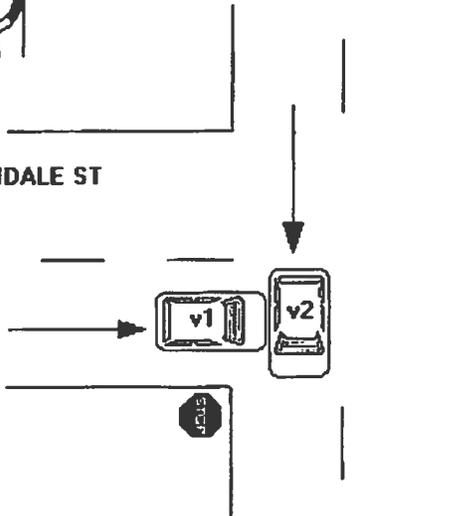
AMENDED REPORT

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
Month 2	Day 4	Year 2013	Monday	11:29	2	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



THURSTON RD

HILLENDALE ST



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-025492
FQA413000012

AMENDED REPORT

19
9

Accident Date: Month 1, Day 28, Year 2013
Day of Week: Monday
Military Time: 01:07
No. of Vehicles: 2
No. Injured: 0
No. Killed: 0
Not Investigated at Scene: []
Left Scene: []
Police Photos: [] Yes [X] No

VEHICLE 1 [X] VEHICLE 2 [] BICYCLIST [] PEDESTRIAN [] OTHER PEDESTRIAN []

VEHICLE 1 - Driver License ID Number 834625407
Driver Name - exactly as printed on license MULL, DARRYL V
Address (Include Number and Street) 773 POST AV
City or Town ROCHESTER State NY Zip Code 14619

VEHICLE 2 - Driver License ID Number 169057297
Driver Name - exactly as printed on license DEPASS, KEMMAR E
Address (Include Number and Street) 671 POST AV
City or Town ROCHESTER State NY Zip Code 14619

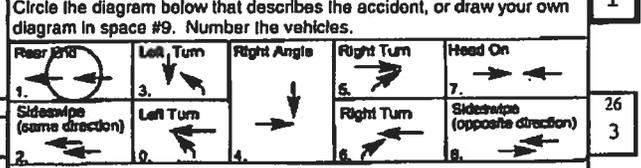
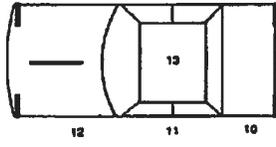
Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged
MULL, OLIVIA (F, 12/13/1944)
DEPASS, SHANTINIQUE S (F, 5/13/1994)

Address (Include Number and Street)
MULL: 130 DOLORES DR
DEPASS: 671 POST AV
City or Town ROCHESTER State NY Zip Code 14626

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code
MULL: EJY8729 NY 1997 CHEV SUBN 234
DEPASS: FYJ2363 NY 1999 AUDI 4DSD 704

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

Check if involved vehicle is:
VEHICLE 1 DAMAGE CODES
VEHICLE 2 DAMAGE CODES
VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER



See the last page of the MV-104A for the accident diagram.

Cost of repairs to any one vehicle will be more than \$1000.
[X] Unknown/Unable to determine [] Yes [] No

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred:
County MONROE [X] City [] Village [] Town of ROCHESTER
Road on which accident occurred 609 THURSTON RD
at 1) Intersecting street DUNBAR ST
or 2) feet miles [] N [] S [] E [] W

Accident Description/Officer's notes
I WAS TRAVELING S/B ON THURSTON RD TRAVELING BEHIND (V1), WHO WAS TRAVELING BEHIND (V2). BOTH VEHICLES WERE AHEAD OF ME TRAVELING S/B ON THURSTON RD APPROACHING DUNBAR ST. (V2) SLOWED AND BEGAN TO MAKE A LEFT TURN ONTO DUNBAR ST (E/B). (V1) WAS FOLLOWING TOO CLOSELY BEHIND (V2) WHICH RESULTED IN (V1) THEN REARENDING (V2) WHEN (V2) SLOWED TO COMPLETE HIS TURN. THERE WERE NO INJURIES. BOTH DRIVERS HAD VALID LICENSE'S AND DID NOT REQUIRE THEIR VEHICLES TOWED FROM THE SCENE.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all Involved, Date of Death Only. Rows A-F listing driver details.

Officer's Rank and Signature: OFFICER KEVIN D MOORE
Badge/ID No. 2043
NCIC No. 02701
Precinct/Post Troop/Zone
Station/Beat Sector
Reviewing Officer: Alberto, Edward A
Date/Time Reviewed: 1/28/2013 05:58

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-025492
FQA413000012

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	20
	Month	Day	Year	Monday	01:07	2	0	0	Accident Reconstructed <input type="checkbox"/>			

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number				State of Lic.	VEHICLE 2 - 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 and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	
	City or Town				State	City or Town				State	

3	Date of Birth		Sex	Uncensored <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth		Sex	Uncensored <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	22
	Month	Day	Year				Month	Day	Year				
	Name - exactly as printed on registration						Sex	Date of Birth		Month	Day	Year	

4	Address (Include Number and Street)				Apt. No.	Address (Include Number and Street)				Apt. No.	23
	City or Town				State	City or Town				State	

5	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
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					

6	Violation Section(s)					Violation Section(s)					25
	Check if involved vehicle is:					Check if involved vehicle is:					

7	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					26
	Box 1 - Point of Impact					Box 2 - Most Damage					

7	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					27
	Enter up to three more damage codes					Enter up to three more damage codes					

7	Vehicle - Bv:					Vehicle - Bv:					28
	Towed - To:					Towed - To:					

VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER

ACIDENT DIAGRAM

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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) _____ N S of _____ (Milepost, Nearest intersecting Route Number or Street Name)
		_____ feet _____ miles E W

Accident Description/Officer's notes
WITNESS #1 - MOORE OFFICER 185 EXCHANGE BL ROCHESTER NY 14614 (585) 428-9810 Ext. (585) 428-9810 Ext.

USE COVER SHEET
N

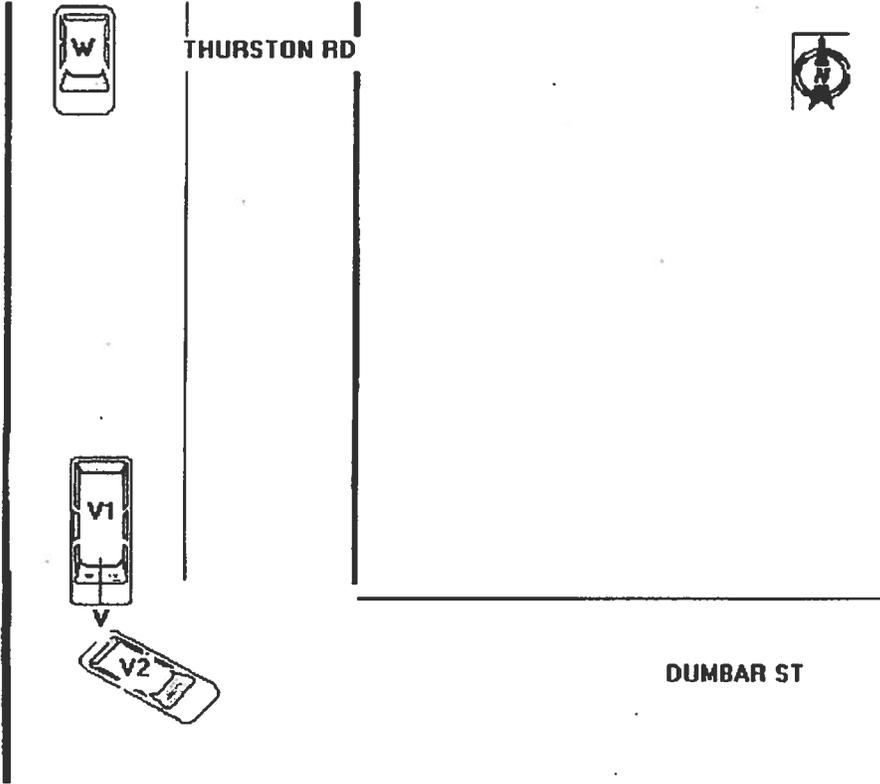
ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only		
	A														
B															
C															
D															
E															
F															
Officer's Rank and Signature										Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name In Full										2043	02701	---	--	Alberto, Edward A	1/28/2013 05:58

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-025492
FQA413000012

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"/> Yes <input checked="" type="checkbox"/> No
Month 1	Day 28	Year 2013	Monday	01:07	2	0	0	Accident Reconstructed <input type="checkbox"/>		



New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-023507
FQA382000014

AMENDED REPORT

19
26

1 - Accident Date: Month 1, Day 25, Year 2013. Day of Week: Friday. Military Time: 17:02. No. of Vehicles: 1. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes, No. Accident Reconstructed: . VEHICLE, BICYCLIST, PEDESTRIAN, OTHER PEDESTRIAN.

2 - VEHICLE 1 - Driver License ID Number: 681629129. State of Lic.: NY. Driver Name: PARRISH JR, ALLEN H. Address: 492 RAVENWOOD AVE, ROCHESTER, NY 14619. VEHICLE 2 - Driver License ID Number: [blacked out]. State of Lic.: [blacked out]. Driver Name: [blacked out]. Address: [blacked out].

3 - Date of Birth: Month 6, Day 22, Year 1983. Sex: M. Unlicensed: . No. of Occupants: 02. Public Property Damaged: . Name: MCMILLAN-MANLEY, KIRUESTI L. Date of Birth: Month 7, Day 3, Year 1988. Sex: M. Unlicensed: . No. of Occupants: [blacked out]. Public Property Damaged: . Address: 148 WOODBINE AV, ROCHESTER, NY 14619.

4 - Plate Number: FWG9646. State of Reg.: NY. Vehicle Year & Make: 2006 CHEV. Vehicle Type: 4DSD. Ins. Code: 626. Ticket/Arrest Number(s): [blacked out]. Violation Section(s): [blacked out].

6 - 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: 1, 2; Box 2 - Most Damage: 1, 1. Enter up to three more damage codes: 14, 4, 3. VEHICLE 2 DAMAGE CODES: [blacked out]. ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine, Yes, No.

Reference Marker: [blacked out]. Coordinates (if available): Latitude/Northing: [blacked out], Longitude/Easting: [blacked out]. Place Where Accident Occurred: County MONROE, City , Village , Town of ROCHESTER. Road on which accident occurred: THURSTON RD. at 1) intersecting street HILLENDALE ST. or 2) [blacked out] of [blacked out].

Accident Description/Officer's notes: (V1) TRAVELING N/B ON THURSTON ROAD APPROACHING HILLENDALE STREET. AS (V1) APPROACHED HILLENDALE STREET AN UNINVOLVED VEHICLE (LP #EUP2069 DRIVER WAYMAN HARRIS 8-30-85) PULLED OFF OF HILLENDALE STREET DIRECTLY INTO (V1)'S LANE OF TRAFFIC. (V1) REACTED TO (U) BY SWERVING TO THE RIGHT TO AVOID HITTING (U) WHICH CAUSED (V1) TO GO OVER THE E/B CURBING AND STRIKE THE BUSHES IN FRONT OF 504 THURSTON ROAD. (U) PULLING DIRECTLY INTO (V1)'S RIGHT OF WAY AND THE SLIPPERY ROADS ARE THE REASON WHY (V1) CRASHED. (V1) COULD NOT STOP IN TIME TO AVOID THE

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all Involved, Date of Death Only. Rows A-F. Includes Officer's Rank and Signature: OFFICE [Signature], Print Name: Thomas Deane, Badge/ID No.: 1954, NCIC No.: 02701, Precinct/Post Troop/Zone: W52, Station/Beat Sector: RPD, Reviewing Officer: Rivers, Jon S, Date/Time Reviewed: 1/26/2013 19:30.

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-023507
FQA382000014

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	Day	Year	Friday	17:02	1	0	0	Accident Reconstructed <input type="checkbox"/>		

2	VEHICLE 1 - Driver				VEHICLE 2 - Driver			
	License ID Number				License ID Number			
Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				
Address (Include Number and Street)				Address (Include Number and Street)				
City or Town				City or Town				

3	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						Name - exactly as printed on registration					
Address (Include Number and Street)						Address (Include Number and Street)					
City or Town						City or Town					

4	VEHICLE 1				VEHICLE 2				
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type

5	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)			
	Violation Section(s)				Violation Section(s)			

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.																								
	<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.		<table border="1"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>1. ← ← ←</td> <td>3. ↙ ↘</td> <td>↓</td> <td>5. ↘ ↙</td> <td>7. → ←</td> </tr> <tr> <td>Sideways (same direction)</td> <td>Left Turn</td> <td></td> <td>Right Turn</td> <td>Sideways (opposite direction)</td> </tr> <tr> <td>2. ← ← ←</td> <td>4. ↙ ↘</td> <td></td> <td>6. ↘ ↙</td> <td>8. → ←</td> </tr> </table>						Rear End	Left Turn	Right Angle	Right Turn	Head On	1. ← ← ←	3. ↙ ↘	↓	5. ↘ ↙	7. → ←	Sideways (same direction)	Left Turn		Right Turn	Sideways (opposite direction)	2. ← ← ←	4. ↙ ↘		6. ↘ ↙
Rear End	Left Turn	Right Angle	Right Turn	Head On																									
1. ← ← ←	3. ↙ ↘	↓	5. ↘ ↙	7. → ←																									
Sideways (same direction)	Left Turn		Right Turn	Sideways (opposite direction)																									
2. ← ← ←	4. ↙ ↘		6. ↘ ↙	8. → ←																									

7	VEHICLE 1 DAMAGE CODES		VEHICLE 2 DAMAGE CODES		9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No
	Box 1 - Point of Impact	Box 2 - Most Damage	Box 1 - Point of Impact	Box 2 - Most Damage	

Reference Marker		Coordinates (if available)	Place Where Accident Occurred:	
		Latitude/Northing:	County <u>MONROE</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	
		Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)	
			at 1) intersecting street _____ (Route Number or Street Name)	
			or 2) _____ feet _____ miles _____ N _____ S _____ E _____ W of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
 CRASH AND THE DRIVER DID THE BEST THEY COULD TO AVOID AN ACCIDENT.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
	A												
B													
C													
D													
E													
F													
Officer's Rank and Signature		OFFICE <u>RPD</u>		Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed				
Print Name		Thomas Deane		1954	02701	W52	RPD	Rivers, Jon S	1/26/2013 19:30				

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
13-023507
FQA382000014

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"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year								
1	25	2013	Friday	17:02	1	0	0	Accident Reconstructed <input type="checkbox"/>		

