

POLICE ACCIDENT REPORT

MV-104A

DMV COPY

Local Codes

Accident#:OW-00491-17

Blotter#:OW-006198-17

☐ AMENDED REPORT

Accident Date	Month	Day	Year	Day of Week	Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
	10	21	2017	SA	00:30	3	5	0	Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE 1

☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1 - Driver License ID Number	493 731 749	State of Lic.	NY	VEHICLE 2 - Driver License ID Number	317 862 330	State of Lic.	NY
--------------------------------------	-------------	---------------	----	--------------------------------------	-------------	---------------	----

Driver Name-exactly as printed on license	MILLER, JAMES J JR	Driver Name-exactly as printed on license	SOSA ORTEGA, JOSE NOEL
---	--------------------	---	------------------------

Address(Included Number & Street)	358 BROADWAY	Apt. No.	2	Address(Included Number & Street)	42 15 162 ST	Apt. No.	2
-----------------------------------	--------------	----------	---	-----------------------------------	--------------	----------	---

City or Town	KINGSTON	State	NY	Zip Code	12401-	City or Town	FLUSHING	State	NY	Zip Code	11358-
--------------	----------	-------	----	----------	--------	--------------	----------	-------	----	----------	--------

Date of Birth	Month	Day	Year	Sex	Unlicensed	No. of Occup.	Public Property Damaged	Date of Birth	Month	Day	Year	Sex	Unlicensed	No. of Occup.	Public Property Damaged
	4	8	1975	M	<input type="checkbox"/>	1	<input type="checkbox"/>		5	16	1965	M	<input type="checkbox"/>	5	<input type="checkbox"/>

Name-exactly as printed on registration	JB HUNT TRANSPORT, INC	Sex		Date of Birth	Month	Day	Year	Name-exactly as printed on registration	SOSA ORTEGA, JOSE NOEL	Sex	M	Date of Birth	Month	Day	Year
													5	16	1965

Address(Included Number & Street)	1600 SE 66TH	Apt. No.		Haz. Mat. Code		Released		Address(Included Number & Street)	42 15 162 ST	Apt. No.	2	Haz. Mat. Code		Released	
-----------------------------------	--------------	----------	--	----------------	--	----------	--	-----------------------------------	--------------	----------	---	----------------	--	----------	--

City or Town	OKLAHOMA CITY	State	OK	Zip Code	73149-	City or Town	FLUSHING	State	NY	Zip Code	11358-
--------------	---------------	-------	----	----------	--------	--------------	----------	-------	----	----------	--------

Plate Number	2XT199	Reg State	OK	Veh Year & Make	2017 INTL	Veh Type	TRK	Ins. Code		Plate Number	HPE1880	Reg State	NY	Veh Year & Make	2015 FORD	Veh Type	SUBN	Ins. Code	639
--------------	--------	-----------	----	-----------------	-----------	----------	-----	-----------	--	--------------	---------	-----------	----	-----------------	-----------	----------	------	-----------	-----

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

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 95 inches wide;	<input checked="" type="radio"/> Rear End <input type="radio"/> Left Turn <input type="radio"/> Right Angle <input type="radio"/> Right Turn <input type="radio"/> Head On
<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;	<input type="radio"/> Sideswipe (same direction) <input type="radio"/> Left Turn <input type="radio"/> Right Turn <input type="radio"/> Sideswipe (opp. direction)
<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	ACCIDENT DIAGRAM
Box 1-Point of Impact	Box 1-Point of Impact	
Box 2-Most Damage	Box 2-Most Damage	
Enter up to three more Damage Codes	Enter up to three more Damage Codes	
Vehicle By J&T AUTO REPAIR	Vehicle By J&T AUTO REPAIR	
Towed: To SHOP	Towed: To SHOP	

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:
4 9 5	Latitude/Northing:	County NASSAU <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of OLD WESTBURY
0 3 0 2	Longitude/Easting:	Road on which accident occurred LONG ISLAND EXPY
1 0 8 2		(Route Number or Street Name)
		at 1) Intersecting Street
		at 2) .1 Feet Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of POWELLS LN
		(Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes
MV#1, MV#2, AND MV#3 TRAVELING W/B LONG ISLAND EXPRESSWAY IN RIGHT LANE. MV#1 IN COLLISION WITH MV#2, MV#2 IN COLLISION WITH MV#3. MV#1 ARKANSAS INSURANCE POLICY CAO 9441404 02.

USE COVER SHEET

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A 01	1	4	01	42	M	-	-	-	-	-	MILLER, JAMES J JR	
B 02	1	4	01	52	M	-	-	-	-	-	SOSA ORTEGA, JOSE NOEL	
C 02	3	4	01	49	M	06	12	6	9997	2905	GALLARDO, LUIS - OW-00397-17	
D 02	4	4	01	17	M	01	12	6	9999	2905	CHAVEZ, LUIS - OW-00400-17	
E 02	6	4	01	12	M	01	12	6	9999	2905	SOSA, ZOIN - OW-00399-17	
F 02	7	1	01	9	M	01	12	6	9999	2905	SOSA, ULISES - OW-00398-17	

Officer's Rank and Signature	Badge/No	NCIC No.	Precinct/Post	Station/Beat	Reviewing Officer	Date/Time Reviewed
Print Name PO TRACEY L STEMMLER	1076	NY0294300	OWPD	POST 1	361640523	10/21/17 0630

POLICE ACCIDENT REPORT

MV-104A

DMV COPY

Local Codes

Accident#:OW-00491-17

Blotter#:OW-006198-17

☐ AMENDED REPORT

Accident Date			Day of Week	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"/>		
10	21	2017	SA	00:30	3	5	0			

VEHICLE 1

 VEHICLE 1 - Driver
 License ID Number 199431422
 State of Lic. CT

 Driver Name-exactly
 as printed on license MEDRANO-ZAVALA, EDWIN

 Address(Included Number & Street)
 8C OAKLAND AVE

 City or Town State Zip Code
 DANBURY CT 06810-

Date of Birth	Sex	Unlicensed	No. of Occup.	Public Property Damaged
Month Day Year	M	<input type="checkbox"/>	8	<input type="checkbox"/>
7 20 1988				

 Name-exactly as printed on registration
 MISION PNCT INT JR, CT

 Address(Included Number & Street)
 6151 FRESH MEADOW LANE

 City or Town State Zip Code
 FRESH MEADOWS NY 11365-

Plate Number	Reg State	Veh Year & Make	Veh Type	Ins. Code
FYX5432	NY	1999 FORD	SUBN	653

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

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

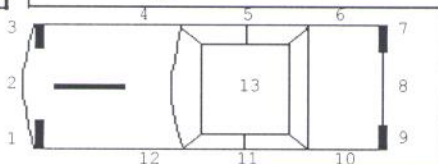
Check if involved vehicle is:	Check if involved vehicle is:
<input type="checkbox"/> more than 95 inches wide;	<input type="checkbox"/> more than 95 inches wide;
<input type="checkbox"/> more than 34 feet long;	<input type="checkbox"/> more than 34 feet long;
<input type="checkbox"/> operated with an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

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES
Box 1-Point of Impact	Box 1-Point of Impact
Box 2-Most Damage	Box 2-Most Damage
Enter up to three more Damage Codes	Enter up to three more Damage Codes
1 2 3 4 5	1 2 3 4 5
7 7	

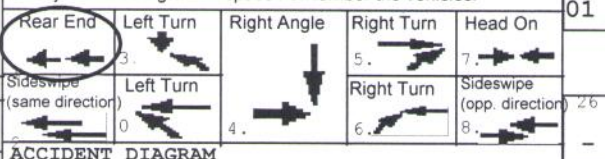
Vehicle By	Vehicle By
Towed: To	Towed: To

VEHICLE DAMAGE CODING:

1-13 See diagram on right.	17. DEMOLISHED
14. UNDERCARRIAGE	18. NO DAMAGE
15. TRAILER	19. OTHER
16. OVERTURNED	



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:
------------------	----------------------------	--------------------------------

4 9 5	Latitude/Northing:	County NASSAU <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of OLD WESTBURY
-------	--------------------	---

0 3 0 2	Longitude/Easting:	Road on which accident occurred LONG ISLAND EXPY
---------	--------------------	--

1 0 8 2	0.000000	at 1) Intersecting Street
---------	----------	---------------------------

		at 2) .1 Feet Miles <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W of POWELLS LN
--	--	--

		(Milepost, Nearest intersecting Route Number or Street Name)
--	--	--

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

Accident Description/Officer's Notes

A L L I N V O L V E D

	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	03	1	4	01	29	M	-	-	-	-	-	MEDRANO-ZAVALA, EDWIN	
B	03	3	4	01	30	F	09	12	6	9997	2905	SAIGUERO, IRMA - OW-00401-17	
C	03	4	4	01	55	F	-	-	-	-	-	MARTIR, ANABEL	
D	03	5	4	01	40	F	-	-	-	-	-	MEDRANO, IDIS C	
E	03	6	4	01	51	M	-	-	-	-	-	HERNANDEZ MARTINEZ, JUAN	
F	03	7	4	01	40	M	-	-	-	-	-	OCHOA PEREZ, MARIO ARTURO	

Officer's Rank and Signature	Badge/No	NCIC No.	Precinct/Post	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
PO TRACEY L STEMLE	1076	NY0294300	OWPD	POST 1	SGT [Signature]	10/11/17 0630

USE COVER SHEET

N

POLICE ACCIDENT REPORT

MV-104A

DMV COPY

Local Codes

Accident#:OW-00491-17

Blotter#:OW-006198-17

☐ AMENDED REPORT

1		Accident Date		Day of Week		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		19																																																																																				
-		Month 10		Day 21		Year 2017		SA		00:30		3		5		0				-																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 State of Lic. _____ License ID Number _____ Driver Name-exactly as printed on license _____ Address(Included Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> <div> VEHICLE 2 State of Lic. _____ License ID Number _____ Driver Name-exactly as printed on license _____ Address(Included Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> </div>																		20																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occup. 0 Public Property Damaged <input type="checkbox"/> </div> <div> Date of Birth _____ Sex _____ Unlicensed <input type="checkbox"/> No. of Occup. 0 Public Property Damaged <input type="checkbox"/> </div> </div>																		21																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Name-exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____ </div> <div> Name-exactly as printed on registration _____ Sex _____ Date of Birth _____ Month _____ Day _____ Year _____ </div> </div>																		22																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Address(Included Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> <div> Address(Included Number & Street) _____ Apt. No. _____ City or Town _____ State _____ Zip Code _____ </div> </div>																		23																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Plate Number _____ Reg State _____ Veh Year & Make _____ Veh Type _____ Ins. Code _____ </div> <div> Plate Number _____ Reg State _____ Veh Year & Make _____ Veh Type _____ Ins. Code _____ </div> </div>																		24																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Ticket/Arrest Number(s) _____ Violation Section(s) _____ </div> <div> Ticket/Arrest Number(s) _____ Violation Section(s) _____ </div> </div>																		25																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> 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. </div> <div> 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. </div> <div> Circle the diagram below that describes the accident or draw your own diagram in space #9. Number the vehicles. </div> </div>																		26																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1 DAMAGE CODES Box 1-Point of Impact _____ Box 2-Most Damage _____ Enter up to three more Damage Codes _____ </div> <div> VEHICLE 2 DAMAGE CODES Box 1-Point of Impact _____ Box 2-Most Damage _____ Enter up to three more Damage Codes _____ </div> <div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> </div> <div style="width: 50%;"> <p>ACCIDENT DIAGRAM</p> <p>9. _____</p> </div> </div> </div> </div>																		27																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> VEHICLE DAMAGE CODING: 1-13 See diagram on right. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER </div> <div> </div> <div> 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 </div> </div>																		28																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> Reference Marker <table border="1" style="width:100%; text-align: center;"> <tr><td>4</td><td>9</td><td>5</td></tr> <tr><td>0</td><td>3</td><td>0</td></tr> <tr><td>1</td><td>0</td><td>8</td></tr> </table> </div> <div> Coordinates (if available) Latitude/Northing: 0.000000 Longitude/Easting: 0.000000 </div> <div> Place Where Accident Occurred: County <u>NASSAU</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>OLD WESTBURY</u> Road on which accident occurred <u>LONG ISLAND EXPY</u> at 1) Intersecting Street _____ at 2) <u>.1</u> <input type="checkbox"/> N <input checked="" type="checkbox"/> E <u>POWELLS LN</u> Feet Miles <input type="checkbox"/> S <input type="checkbox"/> W of _____ </div> </div>																		4	9	5	0	3	0	1	0	8	29																																																																											
4	9	5																																																																																																						
0	3	0																																																																																																						
1	0	8																																																																																																						
		<div style="display: flex; justify-content: space-between;"> <div> Accident Description/Officer's Notes </div> <div> Names of all involved MEDRANO, GABRIEL SAIGUERO, CLAUDIA </div> </div>																		30																																																																																				
		<div style="display: flex; justify-content: space-between;"> <div> A L L I N V O L V E D <table border="1" style="width:100%; text-align: center;"> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>03</td><td>7</td><td>4</td><td>01</td><td>5</td><td>M</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>03</td><td>7</td><td>4</td><td>01</td><td>13</td><td>F</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> <tr><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td></tr> </table> </div> <div> Date of Death Only </div> </div>																		8	9	10	11	12	13	14	15	16	17	18	19	03	7	4	01	5	M	-	-	-	-	-	-	03	7	4	01	13	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	31
8	9	10	11	12	13	14	15	16	17	18	19																																																																																													
03	7	4	01	5	M	-	-	-	-	-	-																																																																																													
03	7	4	01	13	F	-	-	-	-	-	-																																																																																													
-	-	-	-	-	-	-	-	-	-	-	-																																																																																													
-	-	-	-	-	-	-	-	-	-	-	-																																																																																													
-	-	-	-	-	-	-	-	-	-	-	-																																																																																													
-	-	-	-	-	-	-	-	-	-	-	-																																																																																													
		<div style="display: flex; justify-content: space-between;"> <div> Officer's Rank and Signature <u>PO STEMMLE</u> Print Name <u>PO TRACEY L STEMMLE</u> </div> <div> Badge/No. <u>1076</u> NCIC No. <u>NY0294300</u> Precinct/Post <u>OWPD</u> Station/Beat/Sector <u>POST 1</u> </div> <div> Reviewing Officer <u>SGT [Signature]</u> Date/Time Reviewed <u>10/11/17 0630</u> </div> </div>																		32																																																																																				

USE
COVER
SHEET

N