

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (7/01)



Local Codes
NR-EV-38878-17

NR-AA-00485-17

AMENDED REPORT **DMV COPY**

19
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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	Friday	16:58	2	2	0	Accident Reconstructed <input type="checkbox"/>			-
7	21	2017									

2 Vehicle 1						Vehicle 2						21																								
VEHICLE 1 - Driver License ID Number 458465806						State of Lic. NY						VEHICLE 2 - Driver License ID Number 439570462						State of Lic. NY						25												
Driver Name -exactly as printed on license MALCOLM,MALLESHA,A						Driver Name -exactly as printed on license LATIMER,GEORGE,S												22																		
Address (Include Number & Street) 140 PELHAM RD						Apt. No. 5J						Address (Include Number & Street) 47 WAINWRIGHT ST						Apt. No.																		
City or Town NEW ROCHELLE						State NY						Zip Code 10801						City or Town RYE						State NY						Zip Code 10580						

3 Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	23																						
Month	Day	Year	F Female	<input type="checkbox"/>	1	<input type="checkbox"/>	Month	Day	Year	M Male	<input type="checkbox"/>	1	<input type="checkbox"/>	1																						
2	21	1985					11	22	1953																											
Name-exactly as printed on registration MALCOLM,MALLESHA, A						Name-exactly as printed on registration GENNA,ANDREW, G												24																		
Address (Include Number & Street) 140 PELHAM RD						Address (Include Number & Street) 20 OLD MAMARONECK RD												7																		
City or Town NEW ROCHELLE						State NY						Zip Code 10801						City or Town WHITE PLAINS						State NY						Zip Code 10605						

Plate Number HTE8259	State of Reg. NY	Vehicle Year & Make 2015 Honda	Vehicle Type 1 - Passenger	Ins. Code 100	Plate Number FRM6008	State of Reg. NY	Vehicle Year & Make 2015 Jeep*	Vehicle Type 1 - Passenger	Ins. Code 743	25					
5 Ticket/Arrest Number(s)					5 Violation Section(s)					26					
6 Check if involved vehicle is:					6 Check if involved vehicle is:					6 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.										26
VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES					ACCIDENT DIAGRAM					27
Box 1 - Point of Impact	1	2	3	4	5	Box 1 - Point of Impact	1	2	3	4	5				1
02	02					12	12								
Enter up to three more Damage Codes	01	03	00			Enter up to three more Damage Codes	01	02	03						

VEHICLE DAMAGE CODING:					VEHICLE DAMAGE CODING:					Cost of repairs to any 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 checked="" type="checkbox"/> No					1
14. UNDERCARRIAGE 17. DEMOLISHED					14. UNDERCARRIAGE 17. DEMOLISHED										
15. TRAILER 18. NO DAMAGE					15. TRAILER 18. NO DAMAGE										
16. OVERTURNED 19. OTHER					16. OVERTURNED 19. OTHER										

Reference Marker		Coordinates (if available)		Place Where Accident Occurred:								29
		Latitude/Northing:		County WESTCHESTER <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of NEW ROCHELLE								-
		Longitude/Easting:		Road on which accident occurred WILMOT RD (Route Number or Street Name)								
				At 1) intersecting street GRAND BLVD (Route Number or Street Name)								
				Or 2) 0 0 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)								

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USE COVER SHEET
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Accident Description/Officer's Notes
1656hrs- I was detailed to incident location on the report of a 2 vehicle accident. Sgt Bornholz and Det Andolina also responded. Upon arrival, Dr # 1 complained of right knee pain. Dr # 2 complained of left arm and side pain. Both parties refused medical treatment of the scene. I was advised by Dr # 1 that she was travelling NB on Grand Blvd and going straight ahead with a green light when she was struck by Veh # 2. I then interviewed Dr # 2 who stated that he was travelling WB on Wilmot Rd and he was going straight ahead when he became temporarily blinded by the sun and couldn't see the color of the traffic light and he entered the intersection. He stated that he was then struck by Veh # 1. He further stated that Veh # 2 then struck a wooden fence and came to a stop off the roadway. All vehicles and drivers

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17 BY	TO	18	
A	1	1	A	1	32	F	11	12	6				MALCOLM, MALLESHA A
B	2	1	A	1	63	M	8	12	6				LATIMER, GEORGE S
C													
D													
E													
F													

Officer's Rank and Signature	POLICE OFF	Badge/ID No.	1049	NCIC No.	05904	Precinct/Post Troop/Zone		Station/Beat/Sector		Reviewing Officer	LABARBERA, ROBERT	Date/Time Reviewed	7/21/2017 19:31:58
Print Name in Full	LYNCH, JOHN												

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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	Friday	16:58	2	2	0	Accident Reconstructed <input type="checkbox"/>			
7	21	2017									

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	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		
					Month	Day	Year					Month	Day	Year
Address (Include Number & Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	
City or Town				State	Zip Code	City or Town				State	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
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5 Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
Violation Section(s)	Violation Section(s)	

6 1 VEHICLE	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
	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
7 1	Vehicle By Towed: To	Vehicle By Towed: To	Cost of repairs to any vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				28

Reference Marker	Coordinates (if available) Latitude/Northing:	Place Where Accident Occurred: County <u>WESTCHESTER</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>NEW ROCHELLE</u>	29
	Longitude/Easting:	Road on which accident occurred <u>WILMOT RD</u> (Route Number or Street Name) At 1) intersecting street <u>GRAND BLVD</u> (Route Number or Street Name) Or 2) <u>0</u> <u>0</u> <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
 were valid. Safeway responded and towed both vehicles as owner's requests. I interviewed Rebecca Elkusfers who resides at 2 Bonnie Meadow la and is the homeowner of the damaged fence and tree struck in the accident. VAC's given. Resumed patrol.

	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
POLICE OFF Print Name in Full LYNCH, JOHN	1049	05904			LABARBERA, ROBERT	7/21/2017 19:31:58

USE COVER SHEET
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