



## **APPENDIX 16-C**

### **Accident Summary Data**

Roadway	Segment		Distance	AADT	Crashes within the Facility Area							w/ Animal Crashes		w/o Animal Crashes	
	From	To			2018	2019	2020	2021	Animal	Total No Animal	Total	Crashes/ MEV	Crashes/ 100M VMT	Crashes/ MEV	Crashes/ 100M VMT
Lake Road	RT 78 Olcott	RT 148	4.8 miles	3,180	-	4	-	-	6	4	10	0.00000036	0.18	0.000000239	190.26
Hartland Road	Somerset Townline Road	Lake Road	3.0 miles	931	-	-	-	-	3	0	3	0.00000098	0.61	-	-
Lower Lake Road	Hartland Road	Johnson Creek Road	1.6 miles	229	-	-	-	-	-	0	0	-	2.49	-	-
Quaker Road	RT 18 End RT 148	Hartland/Somerset Townline Road	4.1 miles	2,067	-	-	1	-	-	1	1	0.00000011	0.28	0.000571	668.23
Hosmer Road	West Somerset Road	Lake Road	1.5 miles	271	-	-	-	-	-	0	0	-	2.11	-	-
Hess Road	West Somerset Road	Lake Road	1.3 miles	572	-	-	-	-	-	0	0	-	1.00	-	-

POLICE ACCIDENT REPORT

Local Codes 2019-00067909 HKT B86B88K5Z

MV-104A (6/04)

AMENDED REPORT

19 X

1 Accident Date: 11/30/2019, Day of Week: SATURDAY, Military Time: 02:59, No. of Vehicles: 1, No. Injured: 0, No. Killed: 0, Not Investigated at Scene: [ ], Left Scene: [x], Police Photos: [x]

VEHICLE 1 [ ] VEHICLE [ ] 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.

3 City or Town, State NY, Zip Code

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

4 Name - exactly as printed on registration, Sex, Date of Birth, Address (Include Number and Street), Apt. No., Haz. Mat. Code, Released

4 City or Town, State NY, Zip Code

5 Plate Number UNKNOWN, State of Reg. NY, Vehicle Year & Make, Vehicle Type, Ins. Code

5 Ticket/Arrest Number(s)

6 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

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

Reference Marker, Coordinates (if available), Place Where Accident Occurred: County NIAGARA, Road on which accident occurred LAKE RD, Hess RD

30 Accident Description/Officer's notes: Investigation at the scene revealed that a vehicle ran the stop sign on Hess Road at E Lake Road. The vehicle crossed over E Lake Road into an apple orchard and struck an apple tree. The witness, Jeremy Kaiser, stated that he heard the collision and observed a beige 4 door sedan leaving the scene east bound on E Lake Road. Patrol checked the area for the vehicle with negative results. PROPERTY DAMAGED BY VEHICLE #01- APPLE TREE RUSSELL FARMS

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: DEPUTY COREY M HOHL, Badge/ID No. 0169, NCIC No. 03100, Precinct/Post Troop/Zone 3, Station/Beat Sector, Reviewing Officer WARSOCKI, DAVID, Date/Time Reviewed 11/30/2019 06:24

USE COVER SHEET N

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

Local Codes  
2019-00067909  
HKTB86B88K5Z

**AMENDED REPORT**

19

1	Accident Date	Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
	11	30	2019	SATURDAY	02:59	1	0	0	Accident Reconstructed	<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 - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license	
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.

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

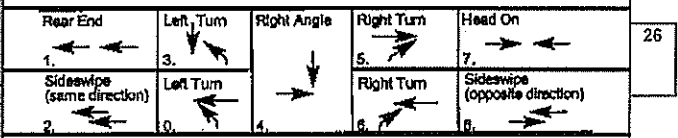
5	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth
	Month Day Year		Month Day Year	Month Day Year		Month Day Year

6	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released
	City or Town	State	Zip Code		City or Town	State	Zip Code	

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

9	<input type="checkbox"/> 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.	<input type="checkbox"/> 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 Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle By: Towed To:	VEHICLE DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle By: Towed To:	



ACCIDANT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than \$1000.

Unknown/Unable to determine  Yes  No

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 NIAGARA <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 <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

1800 HESS RD APPLETON, NY 14008 WITNESS #1 JEREMY J KAISER \_\_\_\_\_, NY \_\_\_\_\_

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	DEPUTY <i>Corey M. Hoehl</i>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	COREY M HOHL	0169	03100	3		WARSOCKI, DAVID	11/30/2019 06:24

USE COVER SHEET  
N

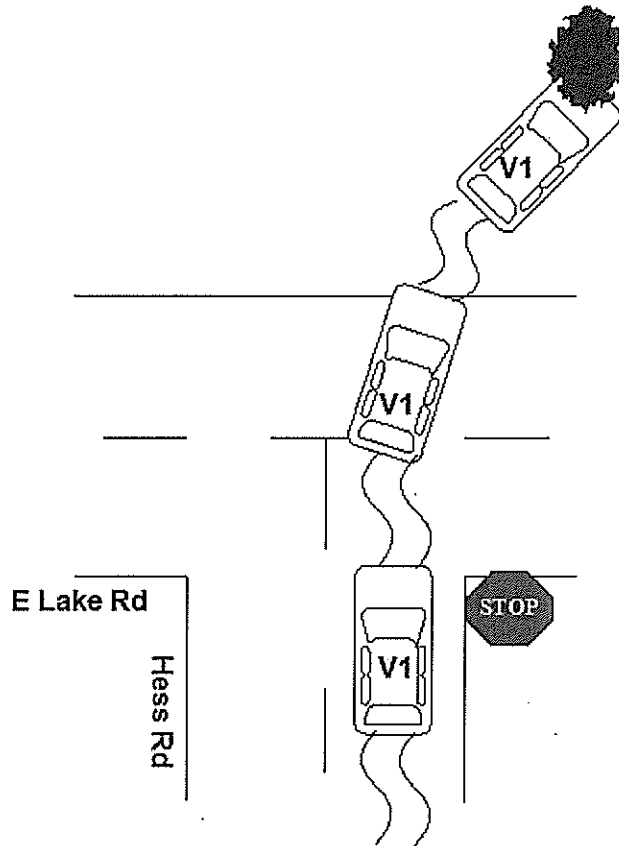
# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
2019-00067909
HKT B86B88K5Z

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	SATURDAY	02:59	1	0	0	Accident Reconstructed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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

Local Codes  
20-31976  
HKTB95BZV3FP

AMENDED REPORT

19  
10

1  
-  
Accident Date: Month 6, Day 19, Year 2020. Day of Week: FRIDAY. Military Time: 11:55. No. of Vehicles: 1. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [ ] Left Scene: [ ] Police Photos: [ ] Yes [X] No. Accident Reconstructed: [ ]

VEHICLE 1 [ ] VEHICLE [ ] BICYCLIST [ ] PEDESTRIAN [ ] OTHER PEDESTRIAN [ ]

2  
-  
VEHICLE 1 - Driver License ID Number [REDACTED] State of Lic. NY. VEHICLE - Driver License ID Number [REDACTED] State of Lic. [REDACTED]

Driver Name - exactly as printed on license: ROBERTS, MARK ANDREW

Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED]

City or Town [REDACTED] State NY Zip Code [REDACTED]

4  
-  
Date of Birth: Month [REDACTED], Day [REDACTED], Year [REDACTED]. Sex: M. Unlicensed: [ ] No. of Occupants: 01. Public Property Damaged: [X]

Name - exactly as printed on registration: ROBERTS, W R. Sex: M. Date of Birth: Month [REDACTED], Day [REDACTED], Year [REDACTED]

Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released: [ ]

City or Town [REDACTED] State NY Zip Code [REDACTED]

5  
1  
Plate Number [REDACTED] State of Reg. NY Vehicle Year & Make 2013 CHEV Vehicle Type SUBN Ins. Code 240

Ticket/Arrest Number(s) [REDACTED]

6  
1  
Violation Section(s) [REDACTED]

7  
1  
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 [ ] [ ] [ ]  
Vehicle By: [ ] 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) Latitude/Northing [ ] Longitude/Easting [ ]  
Place Where Accident Occurred: County NIAGARA [ ] City [ ] Village [ ] Town [X] of SOMERSET  
Road on which accident occurred QUAKER ROAD (Route Number or Street Name)  
at 1) intersecting street LAKE ROAD (Route Number or Street Name)  
or 2) [ ] N [ ] S of [ ] E [ ] W (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes  
Vehicle #1 was traveling Westbound on Lake Road approaching Quaker Road. The vehicle attempted to turn Northbound on Quaker Road. The vehicle failed to navigate the turn and struck the stop sign on the west side of Quaker Road. The vehicle then left the scene. On the ground at the scene was a license plate [REDACTED]. After a brief investigation the vehicle was located at [REDACTED] in the Town of Somerset. The driver was identified as Mark

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	X	1	59	M	-	-	-			ROBERTS, MARK ANDRE	
B													
C													
D													
E													
F													

Officer's Rank and Signature: DEPUTY Dep. Hetrick  
Print Name in Full: KEITH D HETRICK  
Badge/ID No.: 0121 NCIG No.: 03100 Precinct/Post Troop/Zone: 3 Station/Beat Sector: [REDACTED] Reviewing Officer: RINDFLEISCH, PATRICK Date/Time Reviewed: 6/23/2020 08:53

USE COVER SHEET  
N

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
20-31976
HKT B95BZV3FP

**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: 19, Year: 2020	FRIDAY	11:55	1	0	0	Accident Reconstructed: <input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2	VEHICLE				VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>				21	
	VEHICLE - Driver License ID Number				VEHICLE - Driver License ID Number					
Driver Name - exactly as printed on license				Driver Name - exactly as printed on license				State of Lic.		22
Address (Include Number and Street)				Address (Include Number and Street)				Apt. No.		
City or Town				City or Town				State		23
State				State				Zip Code		

3	Date of Birth	Sex	Uncensored	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Uncensored	No. of Occupants	Public Property Damaged	23	
	Month: , Day: , Year:		<input type="checkbox"/>		<input type="checkbox"/>	Month: , Day: , Year:		<input type="checkbox"/>		<input type="checkbox"/>		
Name - exactly as printed on registration				Name - exactly as printed on registration				Sex		Date of Birth		24
Address (Include Number and Street)				Address (Include Number and Street)				Apt. No.		Released		
City or Town				City or Town				State		Zip Code		25
State				State				Zip Code		Ins. 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	25	
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)						
Violation Section(s)						Violation Section(s)						26
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.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
	VEHICLE DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing	County <u>NIAGARA</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) _____ <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

Roberts. Mark appeared to be having a medical problem and EMS was request to respond to [REDACTED]. During the initial interview of Roberts he had no recollection of the accident. While EMS was on scene he said he could not slowdown to turn onto quaker road because someone was driving right behind him. Roberts was transported to Lockport Hospital for an evaluation due to his medical problems. No injuries were observed or reported as a

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		DEPUTY <i>Dep. Hetrick</i>		Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed				
Print Name in Full		KEITH D HETRICK		0121	03100	3		RINDFLEISCH, PATRICK	6/23/2020 08:53				

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
20-31976
HKT B95BZV3FP

**AMENDED REPORT**

1	Accident Date Month: 6, Day: 19, Year: 2020	Day of Week FRIDAY	Military Time 11:55	No. of Vehicles 1	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 - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	22
	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
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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:	23		
	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	24		

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

7	<p>Check if involved vehicle is:</p> <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.	<p>Check if involved vehicle is:</p> <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.	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p> <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. Sideswipe (opposite direction)</td> <td></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. Sideswipe (opposite direction)		26								
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. Sideswipe (opposite direction)																			
	<p>VEHICLE DAMAGE CODES</p> <table border="1"> <tr> <td>Box 1 - Point of Impact</td> <td>1</td> <td>2</td> </tr> <tr> <td>Box 2 - Most Damage</td> <td></td> <td></td> </tr> <tr> <td>Enter up to three more damage codes</td> <td>3</td> <td>4</td> </tr> </table> <p>Vehicle By: _____ Towed To: _____</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage			Enter up to three more damage codes	3	4	<p>VEHICLE DAMAGE CODES</p> <table border="1"> <tr> <td>Box 1 - Point of Impact</td> <td>1</td> <td>2</td> </tr> <tr> <td>Box 2 - Most Damage</td> <td></td> <td></td> </tr> <tr> <td>Enter up to three more damage codes</td> <td>3</td> <td>4</td> </tr> </table> <p>Vehicle By: _____ Towed To: _____</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage			Enter up to three more damage codes	3	4	<p>ACCIDENT DIAGRAM</p> <p>9.</p> <p>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</p>	27
Box 1 - Point of Impact	1	2																				
Box 2 - Most Damage																						
Enter up to three more damage codes	3	4																				
Box 1 - Point of Impact	1	2																				
Box 2 - Most Damage																						
Enter up to three more damage codes	3	4																				

VEHICLE DAMAGE CODING:	<p>1-13 SEE DIAGRAM ON RIGHT.</p> <p>14. UNDERCARRIAGE    17. DEMOLISHED          15. TRAILER            18. NO DAMAGE          16. OVERTURNED      19. OTHER</p>		28
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>NIAGARA</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	29
	Longitude/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 of _____ feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes	result of the accident. PROPERTY DAMAGED BY VEHICLE #01- STOP SIGN NIAGARA COUNTY 225 S. NIAGARA ST LOCKPORT, NY 14094	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													
B													
C													
D													
E													
F													

Officer's Rank and Signature	DEPUTY <i>Dep. Hetrick</i>	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	KEITH D HETRICK	0121	03100	3		RINDFLEISCH, PATRICK	6/23/2020 08:53

USE COVER SHEET  
**N**



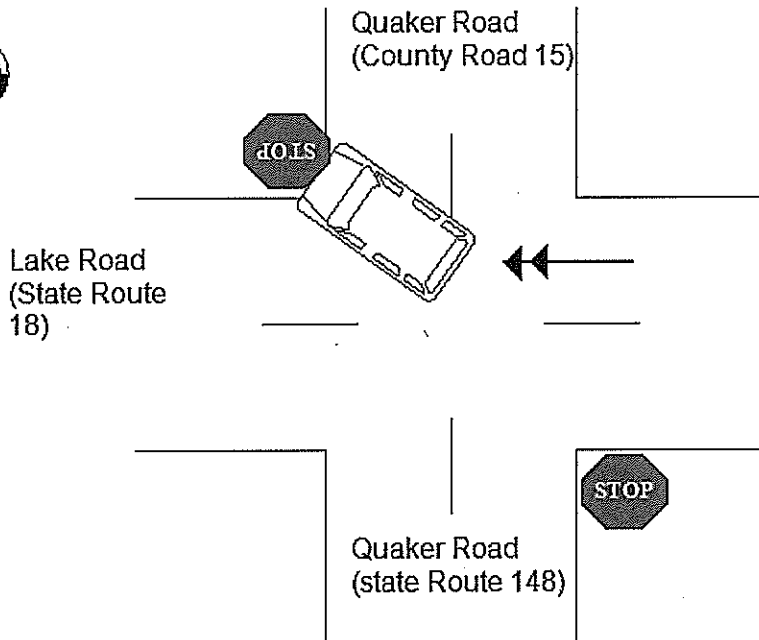
New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

Local Codes
20-31976
HKT B95BZV3FP

**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									
6	19	2020	FRIDAY	11:55	1	0	0			<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
 2018-00036488  
 HKT B908FCH88

**AMENDED REPORT**

19  
61

1	Accident Date Month: 7, Day: 3, Year: 2018	Day of Week TUESDAY	Military Time 09:57	No. of Vehicles 1	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 1  VEHICLE  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

2	VEHICLE 1- Driver License ID Number [REDACTED]	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license GOODRICH, JOHN		Driver Name - exactly as printed on license		
	Address (Include Number and Street) [REDACTED]	Apt. No.	Address (Include Number and Street)	Apt. No.	22

3	City or Town [REDACTED]	State NY	Zip Code [REDACTED]	City or Town	State	Zip Code	23				
1	Date of Birth Month: [REDACTED], Day: [REDACTED], Year: [REDACTED]	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: [REDACTED], Day: [REDACTED], Year: [REDACTED]	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	23

4	Name - exactly as printed on registration GOODRICH, JOHN	Sex M	Date of Birth Month: [REDACTED], Day: [REDACTED], Year: [REDACTED]	Name - exactly as printed on registration	Sex	Date of Birth Month: [REDACTED], Day: [REDACTED], Year: [REDACTED]	27		
1	Address (Include Number and Street) [REDACTED]	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	City or Town [REDACTED]	State NY	Zip Code [REDACTED]	City or Town	State	Zip Code	25				
1	Plate Number [REDACTED]	State of Reg. NY	Vehicle Year & Make 2006 HOND	Vehicle Type 4DSD	Ins. Code 618	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25

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

7	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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1	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, 12, 5	VEHICLE DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5 Enter up to three more damage codes: 3, 4, 5	ACIDENT DIAGRAM 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

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	Place Where Accident Occurred: County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOMERSET	29
5, 4, 0, 1	Longitude/Easting	Road on which accident occurred 7339 LAKE RD (Route Number or Street Name)	
1, 2, 8, 1		at 1) intersecting street or 2) 100 feet miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S of 7339 LAKE RD (Route Number or Street Name) <input checked="" type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)	

Accident Description/Officer's notes  
 On July 3, 2018 at approximately 957 hrs, I, Deputy Vosburgh, responded to the area of 7339 Lake Road for a report of a single motor vehicle accident involving a deer. Upon arrival, I interviewed the operator of VEHICLE #1 (NY REG FLM [REDACTED]), JOHN GOODRICH. GOODRICH stated while operating VEHICLE #1 he was traveling west on Lake Road. GOODRICH stated in the area of 7339 Lake Road a deer entered the roadway from the north side of the road.

ALL INVOLVED	BY TO 18																	Names of all involved	Date of Death Only
	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
A	1	1	4	1	60	M	-	-	-									GOODRICH, JOHN	
B																			
C																			
D																			
E																			
F																			

Officer's Rank and Signature DEPUTY <i>[Signature]</i>	Badge/ID No. 0119	NCIC No. 03100	Precinct/Post Troop/Zone Z3	Station/Beat Sector	Reviewing Officer OSTROWSKI, TODD	Date/Time Reviewed 7/4/2018 14:13
Print Name in Full JOHN VOSBURGH						

USE COVER SHEET  
N

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
 2018-00036488  
 HKTB908FCH88

**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
	Month: 7, Day: 3, Year: 2018	TUESDAY	09:57	1	0	0	<input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2	VEHICLE				<input type="checkbox"/> VEHICLE	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
	VEHICLE - Driver License ID Number				State of Lic.			
	Driver Name - exactly as printed on license				Address (Include Number and Street)			
	City or Town				State Zip Code			

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

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

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

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

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing	County <u>NIAGARA</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 <input type="checkbox"/> N <input type="checkbox"/> S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes  
 GOODRICH stated he was unable to avoid the deer and struck it with the front of VEHICLE #1. GOODRICH reported no injuries to me at the time of the accident. I observed heavy front end damage to VEHICLE #1 which included the center grill, the bumper, and front left quarter panel. VEHICLE #1 was still in operable condition and no tow was requested by GOODRICH.

Officer's Rank and Signature	DEPUTY <i>[Signature]</i>	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	JOHN VOSBURGH	0119	03100	Z3		OSTROWSKI, TODD	7/4/2018 14:13

ALL INVOLVED

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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USE COVER SHEET

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
2018-00036488
HKT B908 FCH88

**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									
7	3	2018	TUESDAY	09:57	1	0	0		<input type="checkbox"/>	<input type="checkbox"/>	



# POLICE ACCIDENT REPORT

Local Codes  
19-28320  
HKTB909JM95Z

MV-104A (6/04)

AMENDED REPORT

19  
4

1	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	SATURDAY	05:52	1	2	0	<input type="checkbox"/> Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20  
61

2	VEHICLE 1						<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN				
	VEHICLE 1 - Driver License ID Number			State of Lic. NY			VEHICLE - Driver License ID Number			State of Lic.	
Driver Name - exactly as printed on license HACKENBERG, SAMANTHA M						Driver Name - exactly as printed on license					
Address (Include Number and Street)						Address (Include Number and Street)					

21

3	City or Town			State	Zip Code	City or Town			State	Zip Code			
	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants

22

4	Name - exactly as printed on registration			Sex	Date of Birth	Name - exactly as printed on registration			Sex	Date of Birth
	HACKENBURG, THERESA A			F	Month Day Year	Name - exactly as printed on registration			Sex	Date of Birth

23  
7

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
	NY			2009 STRN	4DSD	328	NY			2009 STRN	4DSD	328		

24

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

25  
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.					
	<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

1	VEHICLE 1 DAMAGE CODES			VEHICLE DAMAGE CODES			ACCIDENT DIAGRAM					
	Box 1 - Point of Impact			Box 1 - Point of Impact			See the last page of the MV-104A for the accident diagram.					

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

28  
23

Reference Marker			Coordinates (if available)			Place Where Accident Occurred:					
1 8			Latitude/Northing			County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOMERSET					
5 4 0 1			Longitude/Easting			Road on which accident occurred 8192 LAKE RD (Route Number or Street Name)					
1 3 0 8			209883			at 1) intersecting street or 2) .25 miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of HARTLAND RD (Milepost, Nearest Intersecting Route Number or Street Name)					

29

Accident Description/Officer's notes  
The driver of Vehicle 1, Samantha Hackenberg, stated that she was driving West on Lake Road and was attempting to make her dog sit down in the back seat. Hackenberg stated that while her eyes were off of the road, she traveled into the ditch on the North side of the Lake Road. Vehicle 1 was overturned in the ditch upon my arrival. The sole passenger, Jessica Ottaviano, was trapped in the front passenger seat of Vehicle 1 upon my arrival.

30

A L L I N V O L V E D	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only											
	1	1	2	1	18	F	06	12	6	9993	1405	HACKENBERG, SAMANTH												
	1	3	1	1	25	F	10	12	6	9992	1405	OTTAVIANO, JESSICA												
	Officer's Rank and Signature			DEPUTY <i>Yanni Malamas</i>			Badge/ID No.			NCIC No.			Precinct/Post Troop/Zone			Station/Beat Sector			Reviewing Officer			Date/Time Reviewed		
	Print Name in Full			YANNI N MALAMAS			0167			03100						WARSOCKI, DAVID			5/16/2019 23:09					

USE COVER SHEET  
N

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
19-28320
HKT B909JM95Z

**AMENDED REPORT**

1	Accident Date Month: 5, Day: 11, Year: 2019	Day of Week SATURDAY	Military Time 05:52	No. of Vehicles 1	No. Injured 2	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 - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	22

3	City or Town	State	Zip Code	City or Town	State	Zip Code	22				
	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

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	23		
	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	24		

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)					25

6	Violation Section(s)	Violation Section(s)	25
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7	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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VEHICLE DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle By: Towed To:	VEHICLE DAMAGE CODING Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes Vehicle By: Towed To:	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	27
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County <u>NIAGARA</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____	29
	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 <input type="checkbox"/> N <input type="checkbox"/> S of _____ <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)	29

Accident Description/Officer's notes  
 Ottaviano was extricated by fire personnel. Hackenberg had complaints of back pain and had a fishing lure stuck in her scalp, she was transported to ECMC by Olcott Fire. Ottaviano complained of leg and abdominal pain and was transported to ECMC by Mercy Flight. The dog was secured by Hackenberg's family and was not injured. Vehicle 1 was demolished and towed by Hillman's.

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

Officer's Rank and Signature DEPUTY <i>Yanni N Malamas</i>	Badge/ID No. 0167	NCIC No. 03100	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer WARSOCKI, DAVID	Date/Time Reviewed 5/16/2019 23:09
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USE COVER SHEET  
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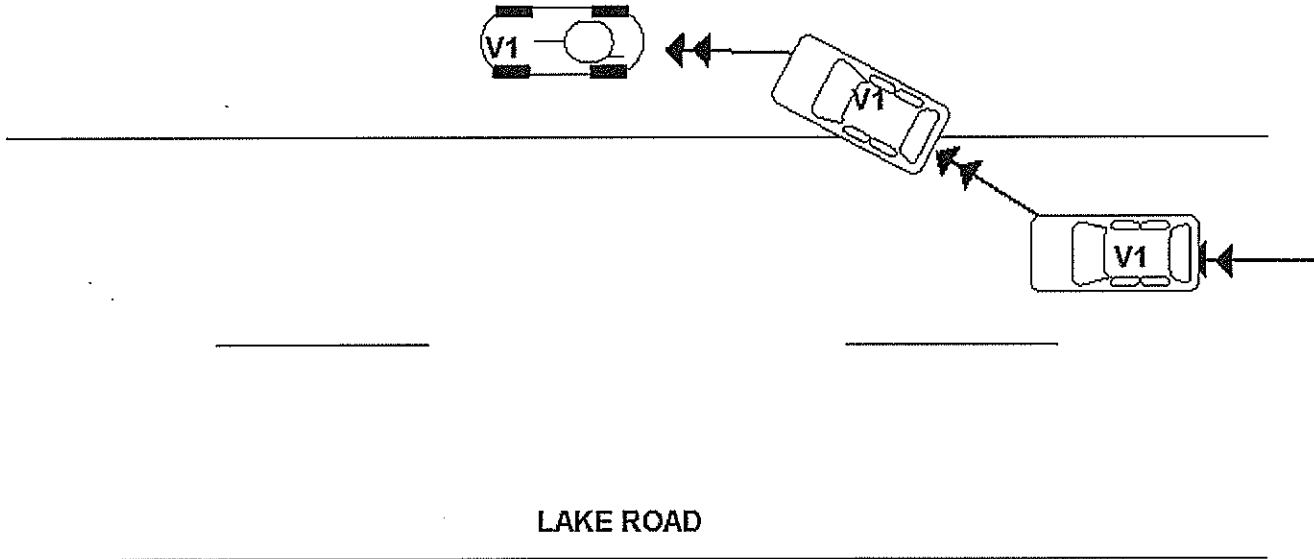
# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
19-28320
HKT B909JM95Z

**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									
5	11	2019	SATURDAY	05:52	1	2	0				



1 of 1 Page  
Local Codes  
19-1299

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

19  
61

1 Accident Date: Month 06 Day 03 Year 2019 Day of Week MO Military Time 2120 No. of Vehicles 1 No. Injured 0 No. Killed 0 Not Investigated at Scene  Left Scene  Police Photos  Yes  No  
Accident Reconstructed   Other Pedestrian

2 VEHICLE 1: License ID Number 306 527 533 State of Lic. N.Y. Driver Name - exactly as printed on license KANUTSU JAMES N. Address (Include Number & Street) 7 BRIAN AVE. City or Town WILLIAMSVILLE State N.Y. Zip Code 14221  
VEHICLE 2: License ID Number \_\_\_\_\_ State of Lic. \_\_\_\_\_ Driver Name - exactly as printed on license \_\_\_\_\_ Address (Include Number & Street) \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3 Date of Birth: Month 09 Day 23 Year 85 Sex M Unlicensed  No. of Occupants 2 Public Property Damaged   
Name - exactly as printed on registration SAME Sex - Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Address (Include Number & Street) \_\_\_\_\_ Apt. No. \_\_\_\_\_ Haz. Mat. Code \_\_\_\_\_ Released

4 Plate Number GLE 6623 State of Reg. N.Y. Vehicle Year & Make 2017 CHEV Vehicle Type 4RS Ins. Code 639  
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 1 3  
Box 2 - Most Damage \_\_\_\_\_  
Enter up to three more Damage Codes 12 11 5  
Vehicle By \_\_\_\_\_ Towed: To \_\_\_\_\_  
VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact \_\_\_\_\_  
Box 2 - Most Damage \_\_\_\_\_  
Enter up to three more Damage Codes \_\_\_\_\_  
Vehicle By \_\_\_\_\_ 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. Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.  
Rear End 1. ← ← ← Left Turn 3. ↙ ↘ Right Angle 4. ↓ Right Turn 5. ↘ ↙ Head On 7. → ← Sideswipe (same direction) 2. ← ← ← Left Turn 0. ↙ ↘ Right Turn 6. ↘ ↙ Sideswipe (opposite direction) 8. → ←  
ACCIDENT DIAGRAM  
9. Cost of repairs to any one vehicle will be more than \$1000.  
 Unknown/Unable to Determine  Yes  No

Reference Marker 18 Coordinates (if available) Latitude/Northing: \_\_\_\_\_ Longitude/Easting: \_\_\_\_\_  
Place Where Accident Occurred: County NIAGARA  City  Village  Town of SOMERSET  
Road on which accident occurred 7766 LAKE RD (ST) (Route Number or Street Name)  
at 1) intersecting street \_\_\_\_\_ (Route Number or Street Name)  
or 2) 1/4  N  S  E  W of HOSMER RD (TR) (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes: VEHICLE #1 WAS TRAVELING EAST ON LAKE RD (ST). VEHICLE #1 STRUCK A DEER AS THE ANIMAL ATTEMPTED TO TRAVEL SOUTHBOUND ACROSS THE HIGHWAY.

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	33	M	-	-	-	-	-	-	-	KANUTSU JAMES N	-
B	1	3	4	1	58	F	-	-	-	-	-	-	-	KANUTSU KATHERINE G	-
C															
D															
E															
F															

Officer's Rank and Signature: CHIEF [Signature] Badge/ID No. 2917 NCIC No. 4315000 Precinct/Post Troop/Zone - Station/Beat Sector - Reviewing Officer [Signature] Date/Time Reviewed 6/3/19 10:12  
Print Name in Full: RAMBER, J.

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

MV-104A (6/04)

DMV COPY

Local Codes  
19-1610

AMENDED REPORT

19  
9

1 Accident Date: 07/14/2019, Day of Week: SUN, Military Time: 1656, No. of Vehicles: 2, No. Injured: -, No. Killed: -, Not Investigated at Scene: , Left Scene: , Police Photos:  Yes  No, Accident Reconstructed:

2 VEHICLE 1: Driver License ID Number 587 164 191, State of Lic. NY, Driver Name FARNHAM, ELLEN MARIE, Address 116 BIDWELL PKWY, City/Town BUFFALO, State NY, Zip Code 14222. VEHICLE 2: Driver License ID Number 111 100 500, State of Lic. NY, Driver Name COTRISS, WILLIAM M, Address 10774 TELEGRAPH RD, City/Town MEDINA, State NY, Zip Code 14103.

3 Date of Birth: 12/30/1991, Sex F, Unlicensed , No. of Occupants 2, Public Property Damaged . VEHICLE 1: Name MINOIA ANGELICA R, Sex F, Date of Birth 08/16/93, Address 116 BIDWELL PKWY, City/Town BUFFALO, State NY, Zip Code 14222. VEHICLE 2: Date of Birth 07/29/1959, Sex M, Unlicensed , No. of Occupants 2, Public Property Damaged . VEHICLE 2: Name COTRISS, WILLIAM M, Sex M, Date of Birth 01/29/1959, Address 10774 TELEGRAPH RD, City/Town MEDINA, State NY, Zip Code 14103.

4 Plate Number: HRY9994, State of Reg. NY, Vehicle Year & Make 1999 TOYOTA, Vehicle Type 4DSD, Ins. Code 100. VEHICLE 2: Plate Number Z888AY, State of Reg. NY, Vehicle Year & Make 2019 CHEV, Vehicle Type 4DSD, Ins. Code 054.

5 Ticket/Arrest Number(s): UTE#TB2919RHJB, Violation Section(s): 1129A. VEHICLE 2: 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 2 2, Box 2 - Most Damage 3 4 5. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 8 8, Box 2 - Most Damage 3 4 5. ACCIDENT DIAGRAM: 9. Cost of repairs to any one vehicle will be more than \$1000.  Unknown/Unable to Determine  Yes  No.

7 Reference Marker: 18, 5401, 1323. Coordinates (if available): Latitude/Northing: Longitude/Easting: Place Where Accident Occurred: County NIAGARA, City/Village/Town of SOMERSET, Road on which accident occurred LAKE RD, at 1) intersecting street Quaker Rd. (Route Number or Street Name), or 2) 0.2 Miles of Quaker Rd. (Milepost, Nearest Intersecting Route Number or Street Name).

8 Accident Description/Officer's Notes: Two dogs ran across Lake Rd causing the vehicles to suddenly stop. Vehicle #1 was traveling east on Lake Rd (18 ST). Vehicle #2 was traveling east on Lake Rd (18 ST). Vehicle #2 slowed suddenly due to dogs crossing Lake Rd. Vehicle #1 struck Vehicle #2 due to improper following distance.

9 Names of all involved: ELLEN M. FARNHAM, ANGELICA R. MINOIA, WILLIAM M. COTRISS, CATHERINE COTRISS. Date of Death Only: -

10 Officer's Rank and Signature: Retention Mark J. Zima, Badge/ID No. 2918, NCIC No. 0218700, Precinct/Post/Station/Beat/Town of Somers, Reviewing Officer CHIEF 2918, Date/Time Reviewed 7/21/19 @ 2000.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET

# New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
19-2634  
HKT B291B5496H

AMENDED REPORT

1  
-  
Accident Date: Month 10, Day 31, Year 2019. Day of Week: Thursday. Military Time: 17:00. 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: 794287508. State of Lic. NY. Driver Name: ECKER, COLE JOSEPH. Address: 8486 LAKE RD. Apt. No. VEHICLE 2 - Driver License ID Number: 282473021. State of Lic. NY. Driver Name: PASTWICK, JEFFREY P. Address: 8487 LAKE RD. Apt. No.

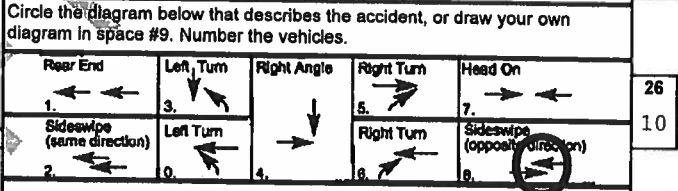
3  
1  
City or Town: BARKER. State NY. Zip Code 140120000. Date of Birth: 3/9/2003. Sex M. Unlicensed . No. of Occupants 02. Public Property Damaged . City or Town: BARKER. State NY. Zip Code 140120000. Date of Birth: 5/20/1983. Sex M. Unlicensed . No. of Occupants 01. Public Property Damaged .

4  
1  
Name: ECKER, HEATHER S. Sex F. Date of Birth: 12/5/1972. Address: 8486 LAKE RD. Name: PASTWICK, JEFFREY P. Sex M. Date of Birth: 5/20/1983. Address: 8487 LAKE RD.

6  
1  
Plate Number: EHV7129. State of Reg. NY. Vehicle Year & Make: 2003 FORD. Vehicle Type: PICK. Ins. Code: 646. Plate Number: HWZ9121. State of Reg. NY. Vehicle Year & Make: 2014 MITS. Vehicle Type: 4DSD. Ins. Code: 693.

6  
2  
Violation Section(s):

7  
3  
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: 8, 8. Box 2 - Most Damage: 9, 8, 4, 7, 5. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 10, 10. Box 2 - Most Damage: 9, 11, 10.



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

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 NIAGARA. City Village Town of SOMERSET. Road on which accident occurred LAKE ROAD. at 1) intersecting street. or 2) N S E W of 20 METERS WEST OF ARLINGTON ROAD - LO (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes  
On above date, time, and location D2 of V2 states that he was parked on the side of the road facing westbound. D2 states he observed V1 backing out of their driveway and continued until V1 hit V2 on the left rear side of the vehicle. D1 of V1 stated that he did indeed back up but states that V2 was pulling away from the side of the road westbound onto Lake Road. P1 of V1 also stated that V2 was moving away from the side of the road onto Lake

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	16	M	-	-	-			ECKER, COLE JOSEPH	
B	1	3	4	1	16	M	-	-	-			MASON, ROBERT D	
C	2	1	4	1	36	M	-	-	-			PASTWICK, JEFFREY P	
D													
E													
F													

Officer's Rank and Signature: PATROL *Kyle Bond*. Badge/ID No. 2921. NCIC No. 03159. Precinct/Post Troop/Zone: CC. Station/Beat Sector: C. Reviewing Officer: *[Signature]*. Date/Time Reviewed: 11/06/2019.

# POLICE ACCIDENT REPORT

Local Codes
19-2634
HKTB291B5496H

MV-104A (6/04)

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	Day	Year	Thursday	17:00	2	0	0	Accident Reconstructed	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

2	VEHICLE						VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>						21
	VEHICLE - Driver License ID Number			State of Lic.			VEHICLE - Driver License ID Number			State of Lic.			
	Driver Name - exactly as printed on license						Driver Name - exactly as printed on license						

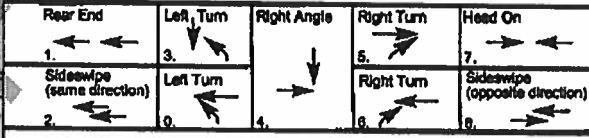
3	City or Town			State	Zip Code	City or Town			State	Zip Code	22
	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	

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	

5	City or Town			State	Zip Code	City or Town			State	Zip Code	24
	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	

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

7	VEHICLE DAMAGE CODES					VEHICLE DAMAGE CODES					26
	Box 1 - Point of Impact	1	2	Box 1 - Point of Impact	1	2	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.				



8	VEHICLE DAMAGE CODING:					ACCIDENT DIAGRAM					27
	1-13 SEE DIAGRAM ON RIGHT.					9.					

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

Accident Description/Officer's notes  
 Road. Accident report numbers were given to both drivers and explained the process of how to get a copy of the reports and send them to their insurance companies.

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	PATROL <i>Kyle Bond</i>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	KYLE BOND	2921	03159	CC	C	<i>[Signature]</i>	11/06/19 1100

19  
20  
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29  
30  
USE COVER SHEET  
N

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

Local Codes  
19-2634  
HKT B291B5496H

MV-104A (6/04)

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								
10	31	2019	Thursday	17:00	2	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
								Accident Reconstructed	<input type="checkbox"/>	

Diagram Not To Scale



8487 Lake Road

11V210



8486 Lake Road

DRAFT

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
19-2776
HKT B291B6QDK5

AMENDED REPORT

19  
61

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
-	Month: 11, Day: 15, Year: 2019	FRIDAY	17:55	1	0	0	<input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20  
61

2	VEHICLE 1 - Driver License ID Number: 437266720	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.
-	Driver Name - exactly as printed on license: THUMAN, JEFFREY THOMAS JR		Driver Name - exactly as printed on license	
	Address (Include Number and Street): 8463 LOWER LAKE RD	Apt. No.	Address (Include Number and Street)	Apt. No.

21

3	City or Town: BARKER	State: NY	Zip Code: 140120000	City or Town	State	Zip Code
1	Date of Birth: 5/30/1996	Sex: M	Unlicensed: <input type="checkbox"/>	No. of Occupants: 02	Public Property Damaged: <input type="checkbox"/>	Date of Birth: / /

22

4	Name - exactly as printed on registration: THUMAN JR, JEFFREY T	Sex: M	Date of Birth: 5/30/1996	Name - exactly as printed on registration	Sex	Date of Birth: / /
5	Address (Include Number and Street): 8463 LOWER LAKE RD	Apt. No.	Haz. Mat. Code	Released: <input type="checkbox"/>	Address (Include Number and Street)	Apt. No.

23  
5

5	City or Town: BARKER	State: NY	Zip Code: 14012-0000	City or Town	State	Zip Code
1	Plate Number: HME4125	State of Reg: NY	Vehicle Year & Make: 2017 KIA	Vehicle Type: 4DSD	Ins. Code: 328	

24

6	Violation Section(s): 1	Violation Section(s)
---	-------------------------	----------------------

25  
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.
2	<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;	

26

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

27  
1

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing	County: NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOMERSET
	Longitude/Easting	Road on which accident occurred: HARTLAND ROAD (Route Number or Street Name)
		at 1) intersecting street or 2) .5 miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of HALF A MILE NORTH OF LAKE ROAD ON HAR (Milepost, Nearest Intersecting Route Number or Street Name)

28  
4

Accident Description/Officer's notes

On the above date, time, and location, D1 of V1 stated that he was traveling southbound on Hartland Road when a Deer suddenly ran out into the middle of the roadway. D1 stated he was unable to avoid the deer and struck it. Officer observed front end damage to the vehicle. It is unknown if the damage will be over \$1000 at this time. Neither D1 or P1 were injured.

30

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	M	-	-	-			THUMAN, JEFFREY THO	
B	1	3	4	1	11	F	-	-	-			THUMAN, KALEIGH R	
C													
D													
E													
F													

USE COVER SHEET  
N

Officer's Rank and Signature: PATROL <i>Kyle Bond</i>	Badge/ID No.: 2921	NCIC No.: 03159	Precinct/Post Troop/Zone: C	Station/Beat Sector:	Reviewing Officer: <i>CHIEF</i>	Date/Time Reviewed: 12/02/19 2000
Print Name in Full: KYLE BOND						

# POLICE ACCIDENT REPORT

Local Codes
19-2776
HKT B291B6QDK5

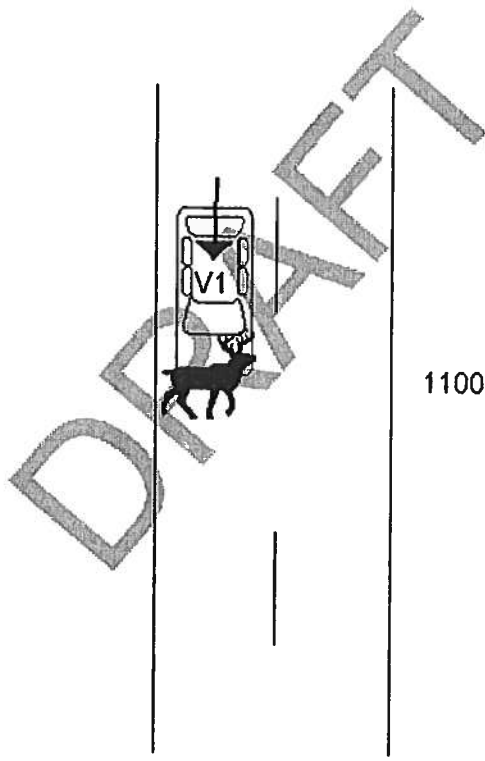
AMENDED REPORT

MV-104A (6/04)

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	FRIDAY	17:55	1	0	0	<input type="checkbox"/> Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Diagram not to scale.



1100 Block of Hartland Road

# New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
20-0322
HKTB291BHCL7J

AMENDED REPORT

19  
61

1	Accident Date Month: 2, Day: 4, Year: 2020	Day of Week TUESDAY	Military Time 17:50	No. of Vehicles 1	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  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

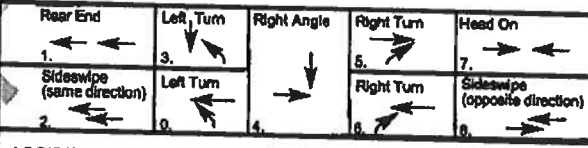
2	VEHICLE 1 - Driver License ID Number: 153900023 Driver Name - exactly as printed on license: THUMAN, AMY LYNN Address (Include Number and Street): 8463 LOWER LAKE RD	State of Lic. NY	VEHICLE - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street)	State of Lic.
---	--	---------------------	---	---------------

3	City or Town: BARKER, State: NY, Zip Code: 140120000	City or Town, State, Zip Code
1	Date of Birth: 4/28/1999, Sex: F, Unlicensed: <input type="checkbox"/>	Date of Birth, Sex, Unlicensed
	No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>	No. of Occupants, Public Property Damaged

4	Name - exactly as printed on registration: THUMAN, JEFFREY T Address (Include Number and Street): 8463 LOWER LAKE RD	Sex, Date of Birth: 1/31/1969	Name - exactly as printed on registration Address (Include Number and Street)
---	---	-------------------------------	--

5	City or Town: BARKER, State: NY, Zip Code: 14012	City or Town, State, Zip Code
1	Plate Number: GSF3457, State of Reg.: NY, Vehicle Year & Make: 2014 FORD, Vehicle Type: 4DSD, Ins. Code: 328	Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code

6	Violation Section(s): 1	Violation Section(s): 1
---	-------------------------	-------------------------

7	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: 2, 2 Box 2 - Most Damage: 1, 12, 4, 5 Enter up to three more damage codes: 1, 3, 4, 5 Vehicle By: AAA TOWING Towed To: CARSTAR 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: <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 Box 1 - Point of Impact: 2, 2 Box 2 - Most Damage: 1, 12, 4, 5 Enter up to three more damage codes: 1, 3, 4, 5 Vehicle By: Towed To:	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. 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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Reference Marker	Coordinates (if available) Latitude/Northing: 43 Longitude/Easting: -79	Place Where Accident Occurred: County: NIAGARA Road on which accident occurred: HARTLAND RD. at 1) intersecting street or 2) .3 miles of LAKE RD.
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Accident Description/Officer's notes  
Vehicle #1 was driving straight ahead when deer ran west in front of vehicle causing collision. Deer ran off.

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	-	-	-		THUMAN, AMY LYNN	
B												
C												
D												
E												
F												

Officer's Rank and Signature	PATROLMAN	Badge/ID No.	2918	NCIC No.	03159	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name In Full	MARK ZIMA						TSPD		2/6/20 1400

USE COVER SHEET  
N

Local Codes  
20-0322  
HKTB291BHCL7J

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

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	TUESDAY	17:50	1	0	0	Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	4	2020						<input type="checkbox"/>	<input type="checkbox"/>	





# POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
20-001617  
HK0999BW4616

AMENDED REPORT

19  
61

1	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								
	5	24	2020	SUNDAY	21:30	1	0	0	Accident Reconstructed	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No

VEHICLE 1  VEHICLE  BICYCLIST  PEDESTRIAN  OTHER PEDESTRIAN

2	VEHICLE 1 - Driver License ID Number	250857975	State of Lic.	NY	VEHICLE - Driver License ID Number		State of Lic.	
	Driver Name - exactly as printed on license				Driver Name - exactly as printed on license			
	Address (Include Number and Street)				Address (Include Number and Street)			

3	City or Town	BARKER	State	NY	Zip Code	14012	City or Town		State		Zip Code	
	Date of Birth	Month	Day	Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Month	Day	Year

4	Name - exactly as printed on registration	STRATTON, ROBERT J	Sex	M	Date of Birth	Month	Day	Year	1958
	Address (Include Number and Street)	8192 LAKE ROAD	Apt. No.		Haz. Mat Code		Released	<input type="checkbox"/>	

5	City or Town	BARKER	State	NY	Zip Code	14012	City or Town		State		Zip Code	
	Plate Number	HCJ8903	State of Reg.	NY	Vehicle Year & Make	2016 FORD	Vehicle Type	PICK	Ins. Code	240		

6	Violation Section(s)		Violation Section(s)	
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7	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	Box 1 - Point of Impact	11	11	Box 2 - Most Damage

7	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	Box 1 - Point of Impact			Box 2 - Most Damage

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.

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:
1 8	Latitude/Northing	County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOMERSET
5 4 0 1	Longitude/Easting	Road on which accident occurred LAKE ROAD (Route Number or Street Name)
1 3 0 0		at 1) intersecting street
		or 2) .25 feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W of 8192 LAKE ROAD (Route Number or Street Name)

Accident Description/Officer's notes  
Stratton stated he was traveling east bound on Lake Road when a deer emerged from the north side shoulder and struck his vehicle on the driver side front door. This caused substantial body damage to said area. Also damage was endured on the front driver side bumper. No injuries claimed, vehicle was driveable. Incident occurred approximately 1/4 of a mile west of Stratton's address, 8192 Lake Road.

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	62	M	-	-	-		STRATTON, ROBERT J	
B												
C												
D												
E												
F												

Officer's Rank and Signature	PATROL	Badge/ID No.	2922	NCIC No.	03159	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	ROBERT JOHNSTON								5/25/20 @ 1900

USE COVER SHEET  
N

Local Codes
20-001617
HK0999BW4616

# POLICE ACCIDENT REPORT

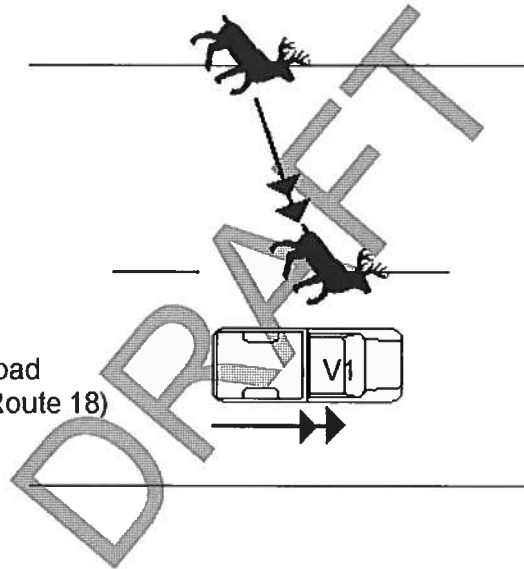
MV-104A (6/04)

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	Police Photos
Month	Day	Year									
5	24	2020	SUNDAY	21:30	1	0	0		<input type="checkbox"/>	<input type="checkbox"/>	



Lake Road  
(State Route 18)



New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT

Local Codes  
20-3267  
HKT B291CH17TH

AMENDED REPORT

MV-104A (6/04)

19  
61

1 - Accident Date: Month 11, Day 8, Year 2020. Day of Week: SUNDAY. Military Time: 17:46. No. of Vehicles: 1. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [ ] Left Scene: [ ] Police Photos: Yes [ ] No [x]. Accident Reconstructed: [ ]

VEHICLE 1 [ ] VEHICLE [ ] BICYCLIST [ ] PEDESTRIAN [ ] OTHER PEDESTRIAN [ ]

2 - VEHICLE 1 - Driver License ID Number: 135837860. State of Lic.: NY. VEHICLE - Driver License ID Number: [ ] State of Lic.: [ ]

Driver Name - exactly as printed on license: GOODMAN, ROGER A

Address (Include Number and Street): 6139 LILLYPOND WAY. Apt. No.: [ ]

City or Town: ONTARIO. State: NY. Zip Code: 145190000

1 - Date of Birth: Month 5, Day 11, Year 1934. Sex: M. Unlicensed: [ ] No. of Occupants: 01. Public Property Damaged: [ ]

Name - exactly as printed on registration: BITTNER, BRIAN J. Sex: M. Date of Birth: Month 4, Day 5, Year 1961

Address (Include Number and Street): 3197 PEACOCK CIRCLE. Apt. No.: [ ] Haz. Mat. Code: [ ] Released: [ ]

City or Town: MACEDON. State: NY. Zip Code: 14502

5 - Plate Number: ARX2165. State of Reg.: NY. Vehicle Year & Make: 2013 FORD. Vehicle Type: SUBN. Ins. Code: 743

Ticket/Arrest Number(s): [ ]

6 - 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 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

Vehicle By: BEAUMANS Towed To: BEAUMANS

ACCIDANT 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 [x] Yes [ ] No

Reference Marker: [ ] Coordinates (if available): [ ]

Place Where Accident Occurred: County NIAGARA. Road on which accident occurred: 9784 LAKE RD. at 1) intersecting street: [ ] or 2) 0.5 miles of COUNTYLINE RD.

Accident Description/Officer's notes: DRIVER GOING STRAIGHT AHEAD EASTBOUND STRUCK DEER ON ROADWAY

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: 1, 1, 4, 1, 86, M, -, -, -. Name: GOODMAN, ROGER A.

Officer's Rank and Signature: PATROLMAN. Print Name in Full: MARK ZIMA. Badge/ID No.: 2918. NCIC No.: 03159. Precinct/Post Troop/Zone: TSPD. Station/Beat Sector: [ ] Reviewing Officer: CHIEF MILLER, J. Date/Time Reviewed: 11/09/20 2000

USE COVER SHEET  
N

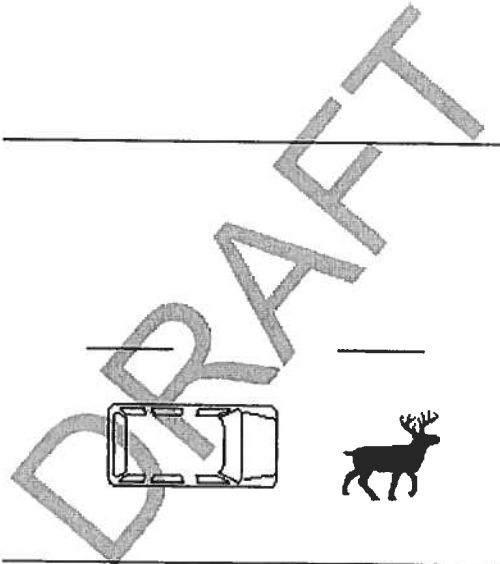
New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

Local Codes
20-3267
HKT B291CH17TH

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								
11	8	2020	SUNDAY	17:46	1	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
								Accident Reconstructed	<input type="checkbox"/>	



New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes  
29-3577  
HKT B291CLK38X

AMENDED REPORT

19  
61

1	Accident Date Month 12 Day 11 Year 2020	Day of Week FRIDAY	Military Time 20:19	No. of Vehicles 1	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		
	VEHICLE 1							<input type="checkbox"/> VEHICLE	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN

20  
61

2	VEHICLE 1 - Driver License ID Number 994672359	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.
	Driver Name - exactly as printed on license WRIGHT, DARRELL B		Driver Name - exactly as printed on license	
	Address (Include Number and Street) 5743 CLINTON ST RD	Apt. No.	Address (Include Number and Street)	Apt. No.

21

3	City or Town BERGEN	State NY	Zip Code 14416	City or Town	State	Zip Code				
1	Date of Birth Month 12 Day 23 Year 1966	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 01	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

4	Name - exactly as printed on registration WRIGHT, DARRELL B	Sex M	Date of Birth Month 12 Day 23 Year 1966	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year
5	Address (Include Number and Street) 5743 CLINTON ST RD	Apt. No.	Haz. Mat. Code	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code

23  
3

6	City or Town BERGEN	State NY	Zip Code 14416	City or Town	State	Zip Code				
1	Plate Number HRP1163	State of Reg. NY	Vehicle Year & Make 2014 CADI	Vehicle Type 4DSD	Ins. Code 677	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

24

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

25  
1

7	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

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	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.
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27  
1

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	Place Where Accident Occurred: County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of SOMERSET Road on which accident occurred LAKE RD (Route Number or Street Name) at 1) intersecting street or 2) .5 miles of HARTLAND RD (Route Number or Street Name) E W	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  
4

Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of SOMERSET Road on which accident occurred LAKE RD (Route Number or Street Name) at 1) intersecting street or 2) .5 miles of HARTLAND RD (Route Number or Street Name) E W
1 8 -		
5 4 0 1	Longitude/Easting	
1 3 1 0		

29  
40

Accident Description/Officer's notes v1 was traveling east bound. deer was traveling south bound. v1 struck the deer in the front passenger side bumper.
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30

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	53	M	-	-	-			WRIGHT, DARRELL B	
B													
C													
D													
E													
F													
Officer's Rank and Signature	OFFICER <i>Jonathan Wolcott</i>		Badge/ID No.	2923	NCIC No.	03159	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed 12/4/20 12:1900			
Print Name in Full	JONATHAN WOLCOTT												

USE COVER SHEET  
N

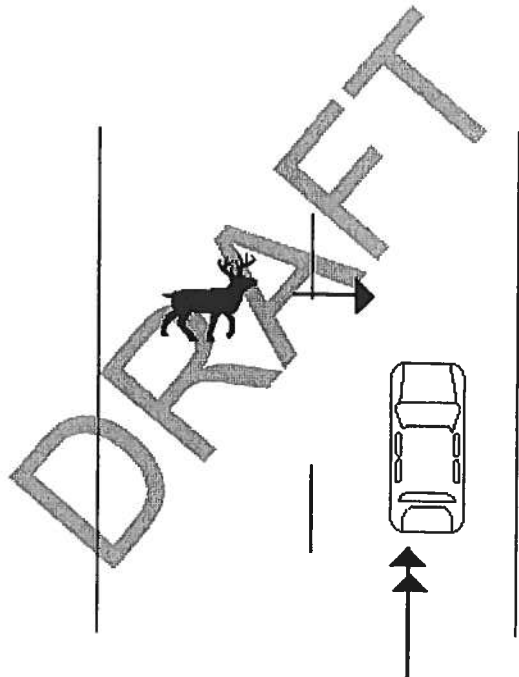
New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

Local Codes
20-3577
HKT B291 CLK 38X

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	Day	Year	FRIDAY	20:19	1	0	0	Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12	11	2020								



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

Local Codes  
21-0057  
HKTB291CP6W6H

AMENDED REPORT

1 Accident Date: Month 1, Day 5, Year 2021, Day of Week TUESDAY, Military Time 17:55, No. of Vehicles 1, No. Injured 0, No. Killed 0, Not Investigated at Scene, Left Scene, Police Photos Yes, Accident Reconstructed, VEHICLE 1, BICYCLIST, PEDESTRIAN, OTHER PEDESTRIAN

2 VEHICLE 1 - Driver License ID Number 434779575, Driver Name ZIMA, MARK J, Address 6325 JENNIFER CT, City or Town CLARENCE CENTER, State NY, Zip Code 14032, Date of Birth 11/2/1963, Sex M, Unlicensed, No. of Occupants 01, Public Property Damaged, Name TOWN OF SOMERSET, Sex C, Date of Birth, Address 8700 HAIGHT RD, City or Town BARKER, State NY, Zip Code 14012, Plate Number 291, State of Reg. NY, Vehicle Year & Make 2014 DODG, Vehicle Type POLI, Ins. Code 117

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, Enter up to three more damage codes. 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. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine, Yes, No.

8 Reference Marker, Coordinates (if available) Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County NIAGARA, Road on which accident occurred LAKE RD, at 1) intersecting street, or 2) 0.6 miles of JOHNSON CREEK RD

9 Accident Description/Officer's notes: I WAS DRIVING STRAIGHT AHEAD AT 45-50 MPH IN A 55MPH ZONE WHEN A LARGE DEER RAN ACROSS THE ROAD IN FRONT OF MY VEHICLE CAUSING A COLLISION

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 1: 1, 1, 1, 1, 57, M, -, -, -, ZIMA, MARK J

Officer's Rank and Signature: PATROLMAN, Print Name in: MARK ZIMA, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer: 2911, Date/Time Reviewed: 11/1

19 61  
20 -  
21  
22  
23 7  
24  
25 1  
26  
27 1  
28 7  
29  
30  
USE COVER SHEET

ALL INVOLVED

Local Codes  
21-0057  
HKT B291CP6W6H

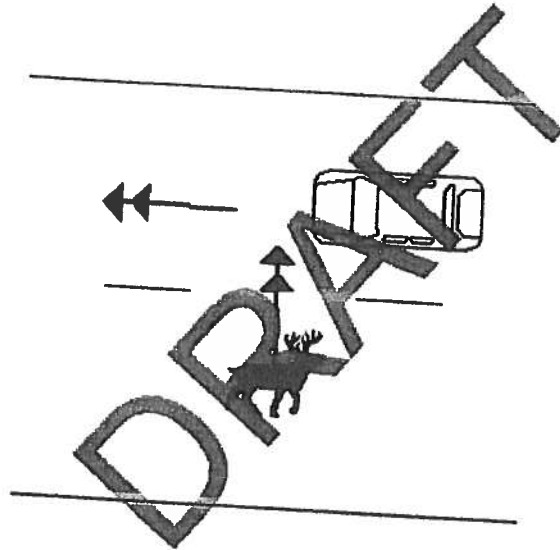
AMENDED REPORT

New York State Department of Motor Vehicles

# POLICE ACCIDENT REPORT

MV-104A (6/04)

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ----- Accident Reconstructed	Left Scene	Police Photos
Month	Day	Year								
1	5	2021	TUESDAY	17:55	1	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No





New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
21-0173
HKT B291CQ5RVD

AMENDED REPORT

19  
61

1	Accident Date Month: 1, Day: 14, Year: 2021	Day of Week THURSDAY	Military Time 18:35	No. of Vehicles 1	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 type="checkbox"/> VEHICLE		<input type="checkbox"/> BICYCLIST		<input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> OTHER PEDESTRIAN	

2	VEHICLE 1 - Driver License ID Number: 769862000	State of Lic. NY	VEHICLE - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license WASS, AMANDA J		Driver Name - exactly as printed on license		
	Address (Include Number and Street) 8470 LOWER LAKE RD	Apt. No.	Address (Include Number and Street)	Apt. No.	

3	City or Town BARKER	State NY	Zip Code 140120000	City or Town	State	Zip Code	22				
1	Date of Birth Month: 6, Day: 13, Year: 1984	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 01	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

4	Name - exactly as printed on registration WASS, AMANDA J	Sex F	Date of Birth Month: 6, Day: 13, Year: 1984	Name - exactly as printed on registration	Sex 	Date of Birth Month: , Day: , Year:	23		
5	Address (Include Number and Street) 8470 LOWER LAKE RD	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	City or Town BARKER	State NY	Zip Code 14012-0000	City or Town	State	Zip Code	24				
1	Plate Number DBU3749	State of Reg. NY	Vehicle Year & Make 2012 TOYT	Vehicle Type 4DSD	Ins. Code 240	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25

6	Violation Section(s) 2	Violation Section(s)	25
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7	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: 1 Box 2 - Most Damage: 1	VEHICLE DAMAGE CODES Box 1 - Point of Impact: 2 Box 2 - Most Damage: 2	ACCIDENT DIAGRAM	27
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1	Enter up to three more damage codes: 12, 3, 4, 5	Enter up to three more damage codes: 3, 4, 5	See the last page of the MV-104A for the accident diagram.	28
	Vehicle By: Towed To:	Vehicle By: 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	4

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	Place Where Accident Occurred: County NIAGARA <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOMERSET	29
		Longitude/Easting	Road on which accident occurred HARTLAND RD (Route Number or Street Name)	40
			at 1) intersecting street or 2) 500 feet miles <input type="checkbox"/> N <input checked="" type="checkbox"/> S of WEST SOMERSET RD (Route Number or Street Name) <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)	30

Accident Description/Officer's notes  
Vehicle #1 was traveling north on Hartland Rd. Vehicle #1 struck a deer as the animal attempted to travel easterly across Hartland 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	1	1	4	1	36	F	-	-	-		WASS, AMANDA J	
	B												
	C												
	D												
	E												
	Officer's Rank and Signature CHIEF	Print Name in Full JOHN MILER	Badge/ID No. 2911	NCIC No. 03159	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer 2911	Date/Time Reviewed 1/18/21 c 1600					

USE COVER SHEET  
N

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**

MV-104A (6/04)

Local Codes  
21-0173  
HKT B291CQ5RVD

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								
1	14	2021	THURSDAY	18:35	1	0	0	<input type="checkbox"/> Not Investigated at Scene <input type="checkbox"/> Accident Reconstructed	<input type="checkbox"/> Left Scene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

