

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

Precinct **114**

Accident No. **208**

Complaint Number **475**

AMENDED REPORT

19
4

1	Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Month	Day	Year						Reconstructed <input type="checkbox"/>		
	01	17	2015	SAT	1913	1	0	1			

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2	VEHICLE 1						VEHICLE 2 <input checked="" type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN					
	Driver License ID Number 261 929 711						Driver License ID Number 267 141 892					
5	Driver Name - exactly as printed on license ALIBRANDI, FRANK						Driver Name - exactly as printed on license JACOBS, HOYT					
	Address (Include Number & Street) 7716 19TH RD.						Address (Include Number & Street) 946 BUSHWICK AVE.					
City or Town EAST ELMHURST NY 11370						City or Town BROOKLYN NY 11221						

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14

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					Month	Day	Year				
2	12 03 61			M	<input type="checkbox"/>	1	<input type="checkbox"/>	07 28 78			M	<input type="checkbox"/>	-	<input type="checkbox"/>
	Name - exactly as printed on registration MANHATTAN DEMOLITION CO INC						Name - exactly as printed on registration N/A							
4	Address (Include Number & Street) 8-16 43 AVE						Address (Include Number & Street) N/A							
	City or Town LONG ISLAND CITY NY 11101						City or Town N/A NY N/A							

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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
	98599JZ	NY	2005 MACK	COM		N/A	N/A	N/A	N/A	N/A
5	Ticket/Arrest Number(s) N/A					Ticket/Arrest Number(s) N/A				
	Violation Section(s) N/A					Violation Section(s) N/A				

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6	Check if involved vehicle is:			Check if involved vehicle is:			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					
	<input type="checkbox"/> more than 95 inches wide;			<input type="checkbox"/> more than 95 inches wide;			Rear End					
1	<input type="checkbox"/> more than 34 feet long;			<input type="checkbox"/> more than 34 feet long;			Left Turn					
	<input type="checkbox"/> operated with an overweight permit;			<input type="checkbox"/> operated with an overweight permit;			Right Angle					
7	<input type="checkbox"/> operated with an overweight permit.			<input type="checkbox"/> operated with an overweight permit.			Right Turn					
	<input type="checkbox"/> operated with an overweight permit.			<input type="checkbox"/> operated with an overweight permit.			Head On					
1	VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES			Sideswipe (same direction)					
	Box 1 - Point of Impact			Box 1 - Point of Impact			Left Turn					
Box 2 - Most Damage			Box 2 - Most Damage			Right Turn						
Enter up to three more Damage Codes			Enter up to three more Damage Codes			Sideswipe (opposite)						
Vehicle By Towed: N/A			Vehicle By Towed: N/A			ACCIDENT DIAGRAM						
Vehicle To: N/A			Vehicle To: N/A									

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1

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1

VEHICLE DAMAGE CODING:

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

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Reference Marker	Coordinates (if available)	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input checked="" type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND
- - - -	Latitude/Northing:	Road on which accident occurred N/B VERNON BLVD.
- - - -	Longitude/Easting:	(Route Number or Street Name)
- - - -		at 1) intersecting street 41 AVE.
		(Route Number or Street Name)
		or 2) _____ of _____
		(Milepost, Nearest Intersecting Route Number or Street Name)

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Accident Description/Officer's Notes AT T/P/O VEH 1 WAS TRAVELING N/B ON VERNON BLVD THEN MADE A RIGHT HAND TURN FROM N/B VERNON BLVD TO E/B 41 AVE WHEN HE STRUCK BICYCLIST WHO WAS ALSO TRAVELING N/B ON VERNON BLVD. ON THE EAST SIDE OF THE STREET. CYCLIST WAS KNOCKED OFF OF BIKE AND DRAGGED UNDER TRUCK FOR APPROX. 25 FEET TO FINAL REST. TRUCK CONTINUED ON 237 FT AND CAME TO A STOP. BICYCLIST DOA AT SCENE, PRONOUNCED BY FDNY EMS.

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USE COVER SHEET
P

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	1	1	53	M	-	13	6	-	-	-	-	FRANK ALIBRANDI	-
B	1	1	1	1	28	M	-	13	6	-	-	-	-	WILSON CAJAMARCHA	-
C	B	8	1	-	36	M	9	5	1	OCME	MORGUE			HOYT P JACOBS	01/17/2015
D	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Officer's Rank and Signature PO	Tax ID No. 933296	NCIC No. 03030	Precinct HWY CTG	Post/Sector	Reviewing Officer Sgt. May	Date/Time Reviewed 1/18/15 0125
Print Name in Full P.O ROSS, ANDRE						

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

A Last Name <u>N/A</u> First <u>N/A</u> M.I.				D Last Name <u>N/A</u> First <u>N/A</u> M.I. <u>N/A</u>			
Address <u>N/A</u>				Address <u>N/A</u>			
Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>		Telephone (Area Code) (<u>-</u>) <u>-</u>		Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>		Telephone (Area Code) (<u>-</u>) <u>-</u>	
B Last Name <u>N/A</u> First <u>N/A</u> M.I. <u>N/A</u>				E Last Name <u>N/A</u> First <u>N/A</u> M.I.			
Address <u>N/A</u>				Address <u>N/A</u>			
Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>		Telephone (Area Code) (<u>-</u>) <u>-</u>		Date of Birth Month <u>-</u> Day <u>-</u> Year <u>-</u>		Telephone (Area Code) (<u>-</u>) <u>-</u>	
C Last Name <u>JACOBS</u> First <u>HOYT</u> M.I. <u>P</u>				Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Address <u>946 BUSHWICK AVE. BROOKLYN, NY 11221</u>				Name: <u>DET. CONLON</u>			
Date of Birth Month <u>07</u> Day <u>28</u> Year <u>1978</u>		Telephone (Area Code) (<u>-</u>) <u>-</u>		Shield No.			

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____	Vehicle No.2 <u>N/A</u>
Expiration Date _____	Expiration Date <u>N/A</u>
VIN <u>1M2AG11C75M020207</u>	VIN <u>N/A</u>

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

DUPLICATE COPY REQUIRED FOR:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Dept. of Motor Vehicles
(if anyone is killed/injured) | <input type="checkbox"/> Motor Transport Division
(P.D. vehicle involved) | <input type="checkbox"/> NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved) | <input type="checkbox"/> Other City Agency
(Specify) _____ |
| <input type="checkbox"/> Office of Comptroller
(if a City vehicle involved) | <input type="checkbox"/> Personnel Safety Unit
(if a P.D. vehicle involved) | <input type="checkbox"/> Highway Unit _____ | |

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

MOTHER NOTIFIED BY DET CONLON @ 2326

PROPERTY DAMAGED (other than vehicles) <u>N/A</u>	OWNER OF PROPERTY (include city agency, where applicable) <u>N/A</u>
<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name <u>N/A</u> Last Name <u>N/A</u>		Rank <u>N/A</u>	Shield No. <u>N/A</u>	Tax ID. No. <u>N/A</u>	Command <u>N/A</u>
Make of Vehicle <u>N/A</u>	Year <u>N/A</u>	Type of Vehicle <u>N/A</u>	Plate No. <u>N/A</u>	Dept. Vehicle No. <u>N/A</u>	Assigned To What Command <u>N/A</u>

Equipment in Use At Time of Accident

- Siren
 Horn
 Turret Light
 4-Way Flasher
 High-Level Warning Lights
 Traffic Cones
 Headlights

ACTIONS OF POLICE VEHICLE

- | | |
|---|---|
| <input type="checkbox"/> Responding to Code Signal <u>N/A</u> | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) _____ | <u>N/A</u> |