

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (11/13)

Precinct 112
Accident No. 82

Complaint Number

AMENDED REPORT

19
7

1 Accident Date: Month 01, Day 17, Year 2016; Day of Week Monday; Military/Time 0810; No. of Vehicles 1; No. Injured 1; No. Killed 0; Not Investigated at Scene ; Left Scene ; Police Photos Yes No; Reconstructed

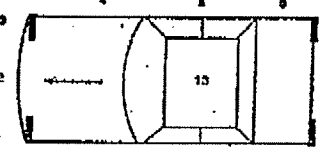
2 VEHICLE 1: License ID Number 183 943 787; State of Lic. NY; Driver Name - exactly as printed on license Huang, Melissa S; Address (Include Number & Street) 7048 Labet Street; City or Town Forest Hills; State NY; Zip Code 11375.
 VEHICLE 2; BICYCLIST; PEDESTRIAN; OTHER PEDESTRIAN

3 Date of Birth: Month 11, Day 15, Year 67; Sex F; Unlicensed ; No. of Occupants 1; Public Property Damaged .
Name - exactly as printed on registration: SAA; Sex: —; Date of Birth: Month —, Day —, Year —.
Address (Include Number & Street): SAA; Apt. No.: —; Haz. Mat. Code: —; Released:

4 Plate Number FGP3899; State of Reg. NY; Vehicle Year & Make 2011 Lexus; Vehicle Type Subn.; Ins. Code 659.
Ticket/Arrest Number(s) 190 540 543; Violation Section(s) AD6L 19-190(b)

5 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 18 2; Box 2 - Most Damage 3 4 5.
Vehicle Towed: By No Tow; To —

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



7 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction).
ACCIDENT DIAGRAM: Shows a street intersection with 'Labet Street' and '69 Ave'. A car is shown at the intersection with an arrow pointing towards the viewer. A pedestrian is shown crossing the street.

8 Reference Marker: BRONX KINGS NEW YORK QUEENS RICHMOND
Place Where Accident Occurred: Labet Street (Route Number or Street Name) at 1) intersecting street 69 Avenue (Route Number or Street Name)

9 Accident Description/Officer's Notes: At T1010 Vehicle 1 states after stopping at the stop sign, she was crossing the intersection when she saw the pedestrian crossing the last minute and tried to stop but struck the pedestrian. Pedestrian states she was crossing in the cross walk when she was struck by vehicle 1. Police did not witness.

	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	51	F	—	—	6	—	—	—	—	Huang, Melissa S	—
B	P	—	—	—	39	F	10	12	6	6381	7326	—	—	Cai, Chenglin	—
C	/	/	/	/	/	/	/	/	/	/	/	/	/	—	—
D	/	/	/	/	/	/	/	/	/	/	/	/	/	—	—
E	/	/	/	/	/	/	/	/	/	/	/	/	/	—	—
F	/	/	/	/	/	/	/	/	/	/	/	/	/	—	—

10 Officer's Rank and signature: PO [Signature]; Tax ID No. 457218; NCIC No. 03030; Precinct 112; Post/Sector R; Reviewing Officer [Signature]; Date/Time Reviewed 1/17/16

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

A Last Name			First			M.I.			D Last Name			First			M		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month	Day	Year				Month	Day	Year									
B Last Name			First			M.I.			E Last Name			First			M.I.		
Address									Address								
Date of Birth			Telephone (Area Code)			Date of Birth			Telephone (Area Code)								
Month	Day	Year				Month	Day	Year									
C Last Name			First			M.I.			Highway Dist. at Scene?			Shield No.					
Address			Telephone (Area Code)			Name:			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Month	Day	Year	(646) 549-7481														

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

Vehicle No. 1	4135664235	Vehicle No. 2	N/A
Expiration Date	06/22/2016	Expiration Date	N/A
VIN	2T2BK1B88C080779	VIN	N/A

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input checked="" type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Fleet Services 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.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle Operator's First Name	Last Name	Rank	Shield No.	Tax ID No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command
Equipment in Use At Time of Accident					
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High Level Warning Lights	<input type="checkbox"/> Traffic Cones
<input type="checkbox"/> Headlights					

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Complying with Station House Directive	<input type="checkbox"/> Routine Patrol
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