

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

MV-104A (7/01)

AMENDED REPORT **POLICE COPY 1**

Local Codes  
**2-3989**

1	Accident Date Month: 10, Day: 13, Year: 06	Day of Week We	Military Time 2045	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>	20
							Accident Reconstructed <input type="checkbox"/>			

2	VEHICLE 1				VEHICLE 2				BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>		
VEHICLE 1 - Driver License ID Number 314307932		State of Lic. NY		VEHICLE 2 - Driver License ID Number L41436947706012		State of Lic. NJ				21	
Driver Name - exactly as printed on license Horgan Todd M				Driver Name - exactly as printed on license Herman Scott P							
Address (Include Number & Street) 23 Crockett Dr Cortland Manor NY 13807				Address (Include Number & Street) 69 Walton St Key Point NJ 07735						22	
City or Town		State		City or Town		State		Zip Code			

3	Date of Birth Month: 06, Day: 23, Year: 88	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	Date of Birth Month: 06, Day: 11, Year: 61	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>	23
Name - exactly as printed on registration Horgan Todd M				Name - exactly as printed on registration Herman Scott P							
Address (Include Number & Street) 3 Beechwood Circle Rye NY 10580				Address (Include Number & Street) 17890 Gooding Pkwy 319 Ansons Center NY 13606						24	
City or Town		State		City or Town		State		Zip Code			

4	Plate Number LW5380	State of Reg. NY	Vehicle Year & Make 2004/1450	Vehicle Type Sub	Ins. Code 155	Plate Number 41F-360	State of Reg. NY	Vehicle Year & Make Mazda	Vehicle Type S	Ins. Code X	25
Ticket/Arrest Number(s)						Ticket/Arrest Number(s)					
Violation Section(s)						Violation Section(s)					

5	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.					Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.					25
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6	VEHICLE 1 DAMAGE CODES					VEHICLE 2 DAMAGE CODES										26
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7	Box 1 - Point of Impact	1	2	Box 2 - Most Damage	3	4	5	Enter up to three more Damage Codes	3	4	5	27
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Vehicle Towed: By To		Vehicle Towed: By To		VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER		ACCIDENT DIAGRAM Not Official Copy Call 516-573-6232 Acc # 2-3989-06		27
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ 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 <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name) Feet Miles	28
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Accident Description/Officer's Notes										29
										30

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

Officer's Rank and Signature Print Name in Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed 2115
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**PLAINTIFF'S**  
EXHIBIT NO. 1  
FOR IDENTIFICATION  
DATE 10/20/07 RPTR JCP

USE COVER SHEET

ALL INVOLVED

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (7/01)

**PLAINTIFF'S**  
EXHIBIT NO. 2  
FOR IDENTIFICATION  
DATE: 8/20/07 RPTR: ICP

Local Codes  
2-3989-06

AMENDED REPORT

DMV COPY

19  
5

1	Accident Date Month: <u>10</u> Day: <u>18</u> Year: <u>06</u>	Day of Week <u>We</u>	Military Time <u>2045</u>	No. of Vehicles <u>1</u>	No. Injured <u>1</u>	No. Killed <u>0</u>	Not Investigated or Sealed <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 26
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VEHICLE 1				<input type="checkbox"/>	VEHICLE 2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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VEHICLE 1 - Driver License ID Number <u>L4H3694T706612</u>	State of Lic. <u>NJ</u>	VEHICLE 2 - Driver License ID Number	State of Lic.	21
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Driver Name - exactly as printed on license <u>Lieberman, Scott P</u>	Address (Include Number & Street) <u>69 Fulton St</u>	Apt. No.	City or Town <u>Key Point NJ</u>	State <u>NJ</u>	Zip Code <u>07735</u>	22
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Date of Birth Month: <u>06</u> Day: <u>11</u> Year: <u>61</u>	Sex <u>M</u>	Unlicensed <input type="checkbox"/>	No. of Occupants <u>1</u>	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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Name - exactly as printed on registration <u>Iron Block</u>	Sex	Date of Birth Month: Day: Year:	Name - exactly as printed on registration	Sex	Date of Birth Month: Day: Year:	23
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Address (Include Number & Street) <u>17890 Goodrich PBX319</u>	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code <input type="checkbox"/>	Released <input type="checkbox"/>	24
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City or Town <u>Adams Center NY</u>	State <u>NY</u>	Zip Code <u>13606</u>	City or Town	State	Zip Code	24
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Plate Number <u>97FS60</u>	State of Reg. <u>NY</u>	Vehicle Year & Make <u>2007/Harley</u>	Vehicle Type <u>M/C</u>	Ins. Code <u>X</u>	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
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Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	Violation Section(s)	Violation Section(s)	25
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Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	25
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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	ACCIDENT DIAGRAM	26
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Vehicle Towed: By To	Vehicle Towed: By To	ACCIDENT DIAGRAM	26
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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	Place Where Accident Occurred: County <u>Nassau</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <u>Oyster Bay Rd</u> Road on which accident occurred <u>South Oyster Bay Road</u> (Route Number or Street Name) at 1) intersecting street or 2) <u>50</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Miller Road</u> <u>Spessel</u> (Milepost, Nearest intersecting Route Number or Street Name)	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 40
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Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County <u>Nassau</u> <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <u>Oyster Bay Rd</u> Road on which accident occurred <u>South Oyster Bay Road</u> (Route Number or Street Name) at 1) intersecting street or 2) <u>50</u> <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of <u>Miller Road</u> <u>Spessel</u> (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's Notes <u>Op. veh 1 states he was in the right lane and was struck by another veh. Investigation reveals no other veh involved in accident, op. veh 1 was in middle lane and attempted to brake but skidded. Veh 1 left 20ft skid mark that starts in middle lane crossing into right lane and motorcycle fell on its right side striking the pavement. Witness Todd Horgan 6/23/83 2 Crescent Dr. Cortlandt Manor NY stopped to see if op. veh 1 was injured. Veh 1 left parked. Op. veh 1 states he just got motorcycle today</u>	30
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8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	6	1	45	M	11	12	6	9997	2919		Lieberman, Scott	
B														
C														
D														
E														

Officer's Rank Signature Print Name In Full	<u>PO Mary Jean Nappi</u>	Badge/ID No. <u>1170</u>	NCIC No. <u>02900</u>	Precinct/Post Terr./Zone <u>2</u>	Station/Beat/ Sector <u>211</u>	Reviewing Officer <u>(Signature)</u>	Date/Time Reviewed <u>10/18/06 2115</u>
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