

No. Killed 1 No. Injured 0 No. of Vehicles 1 No. of Pedestrians 1 Leaving Scene No Photos Yes
 Date of Report 9/24/05 Date of Accident 9/24/05 Time 1909 PM Day Saturday
 Precinct 100 Accident No. 466 Aided No. _____ U.F.61 No. 2787 Case No. 605-49
 Accident Occurred On: E/B Shore Front Pkwy
109 feet ~~N~~ W of ~~W~~ Beach 77 St.
 Borough Queens PF X PNF _____ CF _____ CNF _____ Supplementary _____ Pickup _____

VEHICLES
 Year 2003 Make Navigator Type SUV Color Black Reg. No. CMM6606 State N.Y.
 Operator Vicens, Jose J. Address 171 Beach 113 St. Rock. Bch. N.Y. 11694
 Sex M D.O.B. 3/7/82 Class Lic. D No. 919720657 State N.Y.
 Vehicle Identification No. 5LMFU28R43LJ49486 Cargo N/A Veh. Wt. 5868 lbs.
 Ins. Code # 100 Policy # 1062-24-26-05 Number of occupants 1
 Owner Vicens, Joe R. DOB 8/31/60 Address 171 Bch. 113 St. Rockaway Pk. N.Y. 11694

Year _____ Make Mongoose Type Bycl Color Blue Reg. No. N/A State _____
 Operator Anderson, Andre Address 409 Bch. 47 St. Far Rockaway N.Y. 11691
 Sex M D.O.B. 2/18/91 Class Lic. N/A No. _____ State _____
 Vehicle Identification No. _____ Cargo _____ Veh. Wt. _____ lbs.
 Ins. Code # _____ Policy # _____ Number of occupants 1
 Owner Anderson, Andre Address 409 Bch. 47 St. Far Rockaway N.Y. 11691

PERSONS KILLED OR INJURED

Name Anderson, Andre Address 409 Bch. 47 St. Far Rockaway N.Y. 11691
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian X Sex M Age 14
 Date of Death 9/25/05 Time 5:00 A.M. Removed to Peninsula Hospital/ ~~Morgue~~
 Victim Ejected Yes Wore Safety Belt N/A Injury Expired M.E.#005-4280

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

Name _____ Address _____
 Oper. Veh. No. _____ Pass. Veh. No. _____ Where Seated _____ Pedestrian _____ Sex _____ Age _____
 Date of Death _____ Time _____ Removed to _____ Hospital/Morgue _____
 Victim Ejected _____ Wore Safety Belt _____ Injury _____

WITNESSES

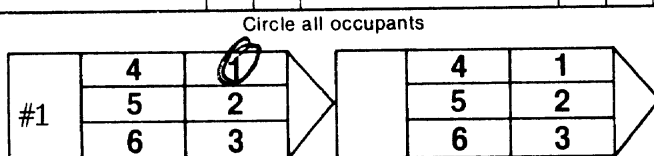
Name Weber, Austin Address 168 Bixley Heath Lynbrook Tel. No. 516-313-8141
 Name Tipton, Willie Address 71-15 Bch. Channel Dr. 5C Tel. No. 718-634-7192
 Name _____ Address _____ Tel. No. _____

WEATHER AND TERRAIN CONDITIONS

WEATHER	LIGHT CONDITION	AREA	LOCATION	ROAD	ROAD CONDITION	SURFACE
Clear	<input checked="" type="checkbox"/> Daylight	Industrial	At Intersection	Straight/Level	<input checked="" type="checkbox"/> Dry	<input checked="" type="checkbox"/> Concrete
Cloudy	<input type="checkbox"/> Dawn	Business	Between Intersection	<input checked="" type="checkbox"/> Straight/Grade	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Asphalt
Rain	<input type="checkbox"/> Dusk	Residential	<input checked="" type="checkbox"/> Overpass	<input type="checkbox"/> Curve/Level	<input type="checkbox"/> Snowy	<input type="checkbox"/> Brick
Snow	<input type="checkbox"/> Darkness	<input checked="" type="checkbox"/> School	Underpass	<input type="checkbox"/> Curve/Grade	<input type="checkbox"/> Icy	<input type="checkbox"/> Cobble
Sleet	<input type="checkbox"/>	Parkway/Expy.	Bridge	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Muddy	<input type="checkbox"/> Gravel
Fog	<input type="checkbox"/>	Other	Other	<input type="checkbox"/> % Grade	<input type="checkbox"/> Other	<input type="checkbox"/> Other

TRAFFIC CONTROL	VEHICLE DIRECTION		PEDESTRIAN ACTIONS							
	1	2	1	2	3	1	2	3		
Police Officer	Going Straight	<input type="checkbox"/>	With Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Between Intersection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Light	Changing Lanes	<input checked="" type="checkbox"/>	Against Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behind Parked Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Sign	Right/Left Turn	<input type="checkbox"/>	No Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In Safety Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian Signal	U Turn	<input type="checkbox"/>	Diagonally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playing in Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yield Sign	Pull from Curb	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Running off Sidewalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Parked	<input type="checkbox"/>	Against Flashing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not in Roadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input checked="" type="checkbox"/> Backing	<input type="checkbox"/>	Don't Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRIVER VISION BLOCKED
 VEH. #1 YES NO
 VEH. YES NO



OPR./PED. CONDITION	OPR.	PED.
PHYSICAL DEFECT	<input type="checkbox"/>	<input type="checkbox"/>
INTOXICATED	<input type="checkbox"/>	<input type="checkbox"/>
APPARENTLY NORMAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UNKNOWN	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DESCRIPTION OF ACCIDENT

At T/P/O vehicle #1 travelling E/B on Shore Front Pkwy. in far left lane while bicycle travelling in between left and right lane. Operator of vehicle #1 saw bicyclist and switched lanes from left lane to right lane. When vehicle #1 entered right lane, the bicyclist swerved in front of vehicle #1. At that time, the operator of vehicle #1 swerved into the left lane, trying to avoid bicyclist. Vehicle #1 then struck bicyclist with front bumper of vehicle, causing bicyclist to be ejected off bike. Operator of bike was not wearing a helmet at the time of the accident. Operator of bike suffered head injuries and was unconscious and removed by E.M.S. to Peninsula Hospital.

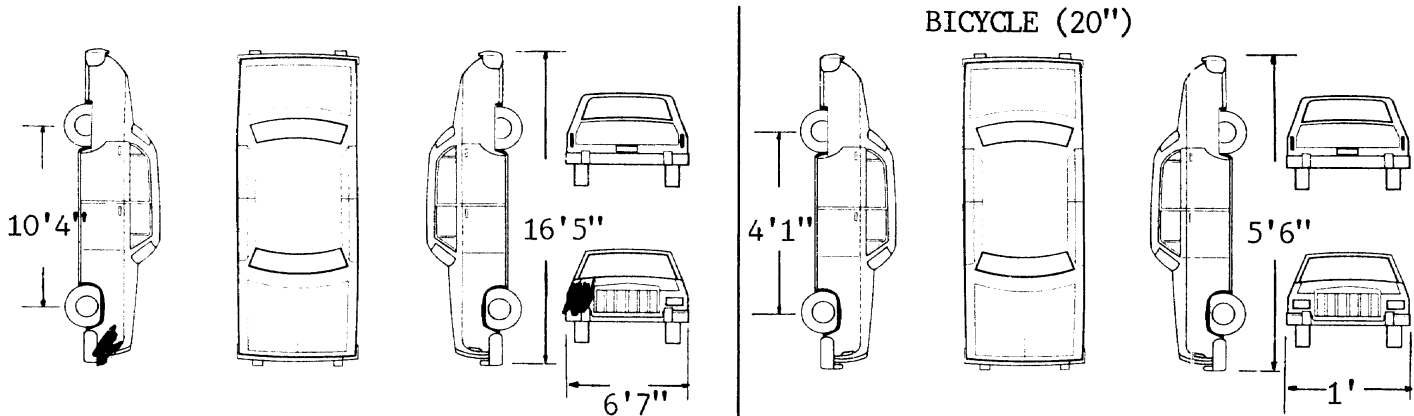
Investigation continuing by Det. Meringolo.

SKIDMARK DATA			DECCELEROMETER BRAKE TEST CALIBRATED AT 20 MPH					
REG. No.	VEH. No. 1	VEH. No.	TIME	DATE	GRADE	LOCATION		
	CMM6606							
FRONT LEFT	No Skids							
FRONT RIGHT								
REAR LEFT								
REAR RIGHT								
LONGEST SKID								
COEFF. FRICTION								
COMPUTED SPEED								
LEGAL SPEED	30 MPH							

VEH. No.	Decelerometer No.	Foot	Results	Emergency	Results

PHYSICAL EXAMINATION OF BRAKE SYSTEM		
VEH. No.	Pedal Pressure	Fluid/Air Leak

DAMAGE TO VEHICLES — DESCRIBE AND SHADE DAMAGED AREAS



Veh. No. 1 Front bumper (pass side),
Front headlight (pass side)

Veh. No. Front wheel separated from
frame, Right handlebar bent, Frt. & Rear
wheels bent & flat, Red rear reflector
broken off, Rt. handlegrip, Rear seat, Front
fork bent, Pedals broken off--

SAFETY EQUIPMENT INSPECTION BICYCLE:

	VEH. No. 1	Reg. No. CMM6606	VEH. No.	Reg. No.
Inspection Stamp — Expiration Date.	12041343	10/05	N/A	
Tires (Size & Condition)	P255/70 R18 All Four		Flat front & rear	
Type Transmission/Position	Auto/Park		N/A single speed	
Headlights/Condition	Frt. drivers Good Pass. A/D		None	
Tail Lights/Condition	Good condition		None	
Brake Lights	All working		N/A	
Directionals	All working		N/A	
Steering Mechanism	Good		Damaged	
Windshield Wipers	Good		N/A	
Mirror Locations	O/L Rearview O/R		None	
Horn	Working		None	
Safety Belts Installed	Yes		N/A	
Reflectors	Yes		Rear red Acc. Dam. 1 wheel refl.	
Front Windshield	Good		N/A (rear wheel)	
Mileage	33056		N/A	

POLICE ACTION

DEFENDANT _____ SUMMONS/ARREST No. _____ PCT. _____

CHARGES _____

ACTION BY: RANK _____ NAME _____ SHIELD _____ COMMAND _____

AI TECHNICIAN P.O. B. Yula _____ SHIELD 6183 _____ COMMAND Hwy 3 _____

Type Name and Signature



WITNESS STATEMENT — VEHICLE ACCIDENT
 PD-301-061 (Rev. 2-00)-Pent

CASE # 605-49

STATEMENT OF: **AUSTIN WEBER** PCT. 100 ACCIDENT NO. 466 COMPLAINT NO. 2787
 RESIDENCE ADDRESS: 168 BIXLEY HEATH, LYNDENBROOK RESIDENCE TEL. NO. (516) 313-8141 BUSINESS TEL. NO. _____
 LOCATION OF INTERVIEW: SCENE OF ACCIDENT PRECINCT STATION HOUSE OTHER (DESCRIBE) _____
 TIME OF REPORT: 2018 DATE: 9 24 05 (Month Day Year)
 IDENTITY OF ABOVE NAMED PERSON: OPERATOR OF VEH. NO. _____ PASSENGER IN VEH. NO. _____ PEDESTRIAN WITNESS
 DATE OF ACC. 9/24/05 TIME 1909 LOCATION S/B SHOREFRONT PKWY at BEACH ?? DATE OF BIRTH 7/21/83
 ACCIDENT INVOLVED: DEATH PERSONAL INJURY

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY | **QUESTIONS FOR OPERATOR OF VEHICLE ONLY**

Did you see the accident? Yes No | How many years have you driven? _____

Where were you at the time of the accident? I WAS IN THE LEFT LANE BEHIND THE LINCOLN | How long have you driven the vehicle involved in the accident? _____

Do you know any of the persons involved in this accident? Yes No | Was there any mechanical failure or defects with the vehicle you were driving? _____

If yes, whom? JOSE, VICENS | Did you consume any intoxicants or medication prior to the accident? Yes No

At the time of the accident, was your visibility obstructed in any way? Yes No | If yes, what, how much & where? _____

If yes, describe: _____ | Where were you coming from or going to? _____

Who was with you at time of accident? _____

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? JOSE WAS DRIVING IN THE LEFT LANE & I WAS BEHIND HIM. BICYCLIST WAS RIDING IN THE MIDDLE OF BOTH LANES. JOSE WENT TO GO TO THE RIGHT LANE. THE BICYCLIST THEN DUCT INTO THE RIGHT LANE. JOSE SWERVED HARD BACK TO THE LEFT. THE BICYCLIST THEN MIMICED JOSE & SWERVED FRONT OF JOSE. JOSE THEN MADE CONTACT WITH BICYCLIST IN THE FRONT END OF CAR.

What was the cause of the accident? BICYCLIST SWERVING

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<u>UNK</u>		
Make, type and color of vehicle	<u>LINCOLN, BK, NAVY BLUE</u>		
Direction of travel and on what street			
Speed of vehicle(s) involved	<u>35, 40 MPH</u>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<u>HAD RIGHT BUNKER ON</u>		
Did vehicle swerve or turn to avoid contact?	<u>ABSOLUTELY</u>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<u>NOT THAT I SAW</u>		
What lights on vehicle were lighted?	<u>BRAKE LIGHTS</u>		
What were the points of impact?	<u>FRONT RIGHT</u>		

At time of accident, were there any other vehicles on the street in the vicinity? Yes No If yes, describe: JUST ME, 2001 ACURA MPX, NY PLATE ACTJ8200

In what direction was pedestrian (if any) going? With signal light Against signal light Walking Running Standing

Accident occurred during: Daylight Dawn Dusk Darkness
 Weather Condition: Clear Fog Rain Snow (Describe) _____
 ROADWAY LIGHTED: Yes No
 Road Condition: Dry Wet Muddy Snowy Icy Other _____
 Obstructions of holes in street: Yes No If yes, describe: _____

SIGNATURE OF WITNESS: [Signature] RANK: PO SIGNATURE OF INVESTIGATING OFFICER: [Signature] TAX REC. NO. 96334 COMMAND HWA 15



WITNESS STATEMENT — VEHICLE ACCIDENT CASE # 605-49

PD 301-061 (Rev. 2-00)-Pent

STATEMENT OF: FIRST NAME JOSE LAST NAME VICENS PCT. 100 ACCIDENT NO. 466 COMPLAINT NO. 2787

RESIDENCE ADDRESS 171 BEACH 113TH ST RESIDENCE TEL. NO. (718) 634-4305 BUSINESS TEL. NO. 1800 999 8484

LOCATION OF INTERVIEW: SCENE OF ACCIDENT PRECINCT STATION HOUSE OTHER (DESCRIBE)

IDENTITY OF ABOVE NAMED PERSON: OPERATOR OF VEH. NO. 1 PASSENGER IN VEH. NO. PEDESTRIAN WITNESS DATE OF BIRTH 3/7/82

DATE OF ACC. 9/29/05 TIME 1909 LOCATION SHORE FRONT PKWY at BEACH ?? ACCIDENT INVOLVED: DEATH PERSONAL INJURY

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY

Did you see the accident? Yes No

Where were you at the time of the accident?

Do you know any of the persons involved in this accident? Yes No

If yes, whom?

At the time of the accident, was your visibility obstructed in any way? Yes No

If yes, describe:

QUESTIONS FOR OPERATOR OF VEHICLE ONLY

How many years have you driven? 5 YEARS

How long have you driven the vehicle involved in the accident? 2 YEARS

Was there any mechanical failure or defects with the vehicle you were driving? NO

Did you consume any intoxicants or medication prior to the accident? Yes No

If yes, what, how much & where? N/A

Where were you coming from or going to? COMING FROM 168 BEALEY HEATH, LYMBROOK GOING TO 113TH ST

Who was with you at time of accident? ALONE

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? DRIVING IN LEFT LANE. I SAW KID IN THE MIDDLE OF THE STREET. I STARTED TO GO INTO THE RIGHT LANE TO AVOID HIM. HE THEN SWERVED INTO THE RIGHT LANE IN FRONT OF ME. AT THAT POINT I SWERVED INTO THE LEFT LANE TO AVOID HITTING HIM. AT THAT POINT I CLIPPED HIM WITH FRONT PASSENGER SIDE HEADLIGHT AREA. I STOPPED IMMEDIATELY AND CALLED THE POLICE.

J.V.

What was the cause of the accident? I HIT THE BIKE BECAUSE HE SWERVED TO THE RIGHT.

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<u>DON'T REMEMBER</u>		
Make, type and color of vehicle	<u>2003 NAVIGATOR, BK</u>		
Direction of travel and on what street	<u>DRIVING S/B ON SHORE FRONT PKWY</u>		
Speed of vehicle(s) involved	<u>38, 37 MPH</u>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<u>WHITE LINES ON PAVEMENT</u>		
Did vehicle swerve or turn to avoid contact?	<u>YES</u>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<u>NOTHING, SLOWED DOWN</u>		
What lights on vehicle were lighted?	<u>DAY TIME RUNNING LIGHTS</u>		
What were the points of impact?	<u>FRONT PASS CORNER, BUMPER, HEADLIGHT AREA</u>		

At time of accident, were there any other vehicles on the street in the vicinity? Yes No If yes, describe: MY FRIEND BEHIND ME. AN ACURA MDX

In what direction was pedestrian (if any) going? With signal light Against signal light Walking Running Standing

Accident occurred during: Daylight Dawn Dusk Darkness Weather Condition: Clear Fog Rain Snow (Describe) Other

ROADWAY LIGHTED: Yes No Road Condition: Dry Wet Muddy Snowy Icy Other

Obstructions of holes in street: Yes No If yes, describe:

SIGNATURE OF WITNESS: J. Vicens RANK: PO SIGNATURE OF INVESTIGATING OFFICER: [Signature] TAX REG. NO. 926334 COMMAND HWV3

KEY	
RP1	= STREET SIGN
RP2	= UTILITY POLE
A	= BLOOD
B	= BIKE
C	= BIKE WHEEL
D	= BIKE REFLECTOR
E	= GAUGE
NOT TO SCALE	

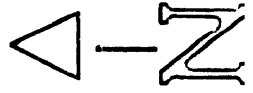
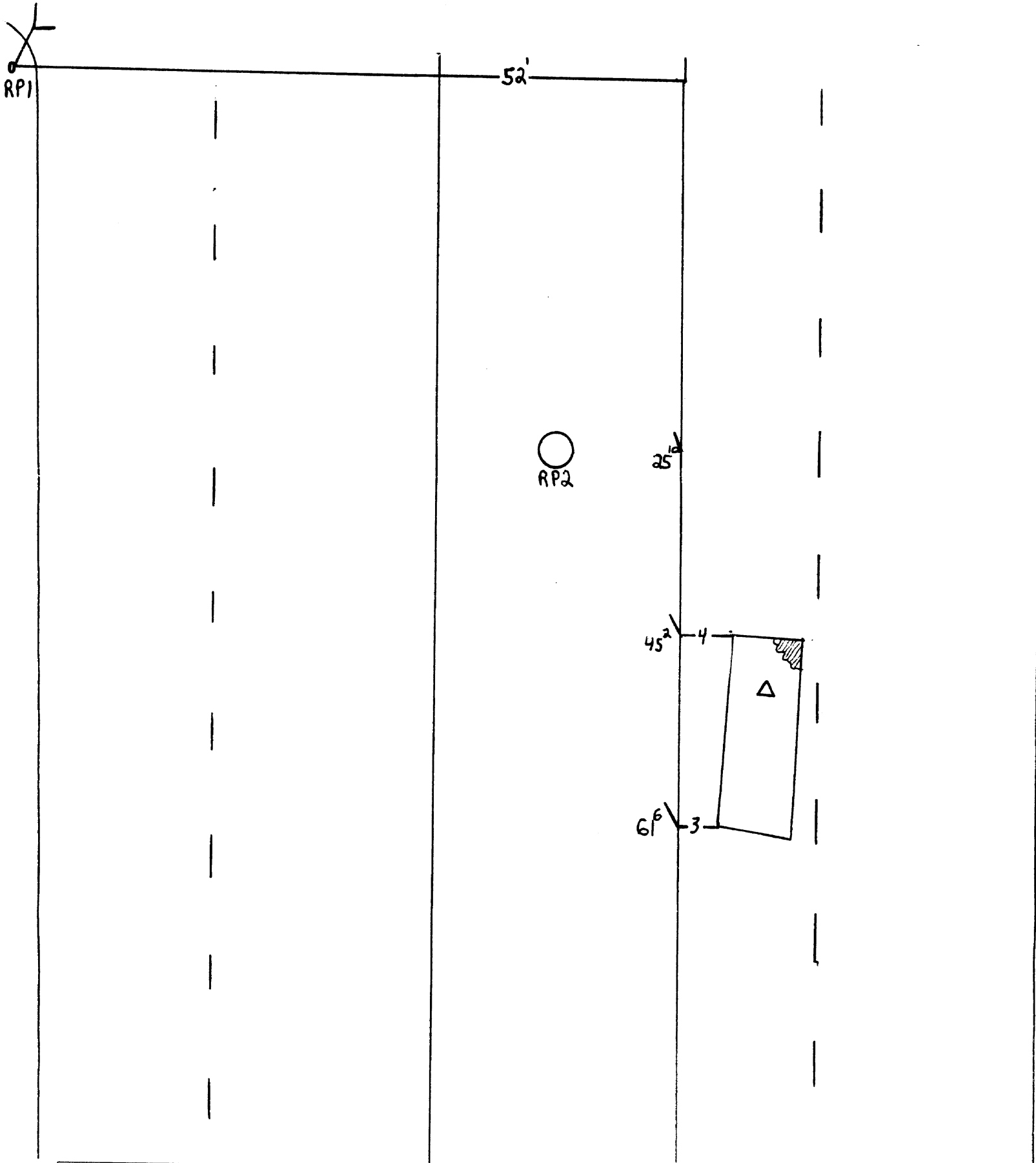


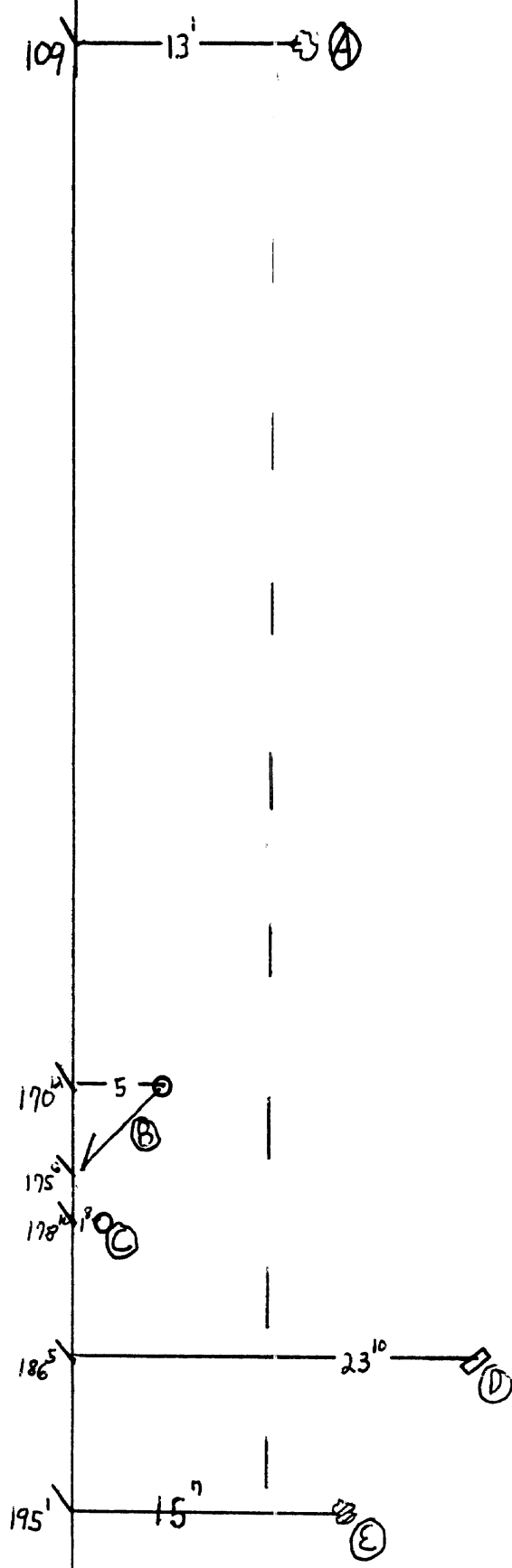
DIAGRAM:



Prepared By: Name	BRIAN YULA	Shield	6183	Command	HWC3
DATE	9/24/05	PCT. ACC#	100	A.I.S. CASE#	105-49
		SIGNATURE	P.O. Brian Yula		

Pg 1 of 1

DIAGRAM:



Prepared By: Name	BRIAN YULA	Shield	6183	Command	HWY3	Pg 2 of 2	
DATE	9/24/05	PCT. ACC#	100	A.I.S. CASE#	605-49	SIGNATURE	P.O. Brian Yula