



July 1, 2021

Neal Zuckerman, Chairman
Philipstown Planning Board
Town Hall, 238 Main Street
Cold Spring, NY 10516

RE: Application of Riverview Industries – Submission of Accident Reports

Dear Mr. Zuckerman and Members of the Planning Board:

As requested, submitted herewith are 11 copies of accident reports on Route 9 for the past 5 years and in the vicinity of the Riverview Industries site presently under review by the Planning Board. As you will see, the reports were obtained from the Putnam County Sheriff's office.

Yours truly,
BADEY & WATSON,
Surveying & Engineering, P.C.



by
Glennon J. Watson, L.S.
845.265.9217 x214
gwatson@badey-watson.com

cc: Keven Reichard, Riverview Industries
Luke Hilpert, Esquire.

PUTNAM COUNTY SHERIFF'S OFFICE

3 County Center, Carmel, New York 10512

Tel. 845 225-4300 Fax (845) 808-4399

DATE: 6/21/2021



PAID

NAME: Mary Ganswindt

Re: Request for Sheriff's Office records under Freedom of Information Law

Dear Sir or Madam:

We have received your request, made under the Freedom of Information Law (FOIL), for copies of records on file in the Putnam County Sheriff's Office & Correctional Facility (see attached request) :

 Request approved.

 Request approved with portions redacted.

 Record(s) not maintained by this department.

 A diligent search of the Putnam County Sheriff's Office & Correctional Facility records, we were unable to find any records.

 Insufficient data to perform search.

 A diligent search of Facility files has located 21 page(s) of records responsive to your request, for which there is a photocopy fee of seventy-five (75) cents per page for Medical Records and twenty-five (25¢) cents per page, for other records as authorized by Article 6 of the Public Officers Law and a postage and handling fee of minimum \$1.00.

Please remit a payment of \$5.25 payable by cash or money order (made payable to "The Sheriff of Putnam County"), to cover the fees. Upon receipt of your payment, copies of the requested records can be made available to you.

Very truly yours,

Lisa Cortolano

Records Access Officer

Local Codes
17-3088
1LM2806Z7KM5

POLICE ACCIDENT REPORT

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
	Month	Day	Year	MONDAY	17:40	1	0	0	Accident Reconstructed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1- Driver License ID Number		State of Lic.
	Driver Name - exactly as printed on license		NY
	Address (Include Number and Street)		Apt. No.

3	City or Town	State	Zip Code
	NY	NY	

1	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month: 5, Day: 31, Year: 1979	M	<input type="checkbox"/>	01	<input type="checkbox"/>

4	Name - exactly as printed on registration		Sex	Date of Birth
				Month: 5, Day: 31, Year: 1979

1	Address (Include Number and Street)		Apt. No.	Haz. Mat. Code	Released
					<input type="checkbox"/>

5	City or Town	State	Zip Code
	NY	NY	

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
		NY		4DSD	383

Ticket/Arrest Number(s)

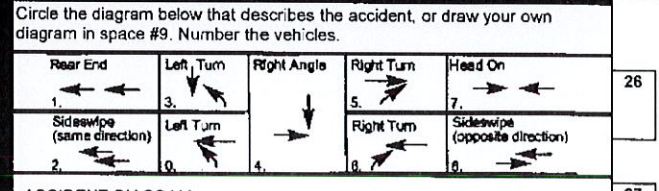
6	Violation Section(s)
	1

7	Check if involved vehicle is:	VEHICLE DAMAGE CODING
	<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.		

1	Box 1 - Point of Impact	1	2
	Box 2 - Most Damage	6	16
Enter up to three more damage codes		3	4
Vehicle By: RODAKS		Towed To: RODAKS	

VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT.

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



ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9. 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:	
9	Latitude/Northing	County	City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> of PHILLIPSTOWN
8 4 0 4	Longitude/Easting	Road on which accident occurred	RTE 9 (Route Number or Street Name)
1 0 8 8		at 1) intersecting street	
		or 2) .5	<input checked="" type="checkbox"/> N <input type="checkbox"/> S of RTE 301 (Route Number or Street Name)
		feet miles	<input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

DRIVER, [REDACTED] STATED HE LOST CONTROL OF HIS VEHICLE, SKID ACROSS THE SOUTHBOUND LANE AND HIT THE EARTH EMBANKMENT. [REDACTED] STATED HE DID NOT KNOW WHAT HAPPENED AND HE MAY HAVE FELL ASLEEP. MEMBER OBSERVED [REDACTED] VEHICLE WENT OFF THE ROADWAY FOR APPROXIMATELY 30 YARDS GRAZED A SIGN AND THEN CROSSED INTO THE SOUTHBOUND LANE. [REDACTED] VEHICLE CAUSED NO DAMAGE TO THE SIGN. PROPERTY DAMAGED BY VEHICLE #01- SIGN NYS HIGHWAY

8 9 10 11 12 13 14 15 16 17 BY

A	1	1	4	1	37	M	-	-	-		
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Officer's Rank and Signature	DEPUTY	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	ALEX RUHE	PC131	03900	2	D	MONROE, M	6/6/2017 01:12

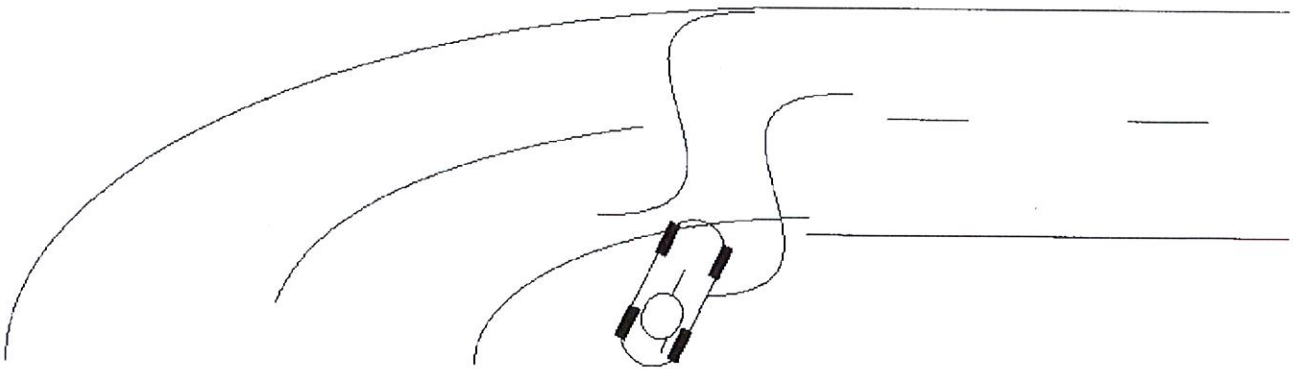
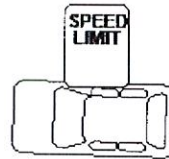
Local Codes
17-3088
1LM2806Z7KM5

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								
5	15	2017	MONDAY	17:40	1	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
								Accident Reconstructed	<input type="checkbox"/>	



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
17-3870
1LM2572Q8DD

AMENDED REPORT

19
61

1	Accident Date Month: 6, Day: 17, Year: 2017	Day of Week Saturday	Military Time 10:45	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Accident Reconstructed <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20
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VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1- Driver License ID Number [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED]	State of Lic. NY	21
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3	City or Town [REDACTED] State NY Zip Code [REDACTED]	22
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1	Date of Birth Month: 7, Day: 30, Year: 1975	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>	23
---	--	----------	--	------------------------	---	----

4	Name - exactly as printed on registration [REDACTED]	Sex [REDACTED]	Date of Birth Month: [REDACTED], Day: [REDACTED], Year: [REDACTED]	23
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1	Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/>	24
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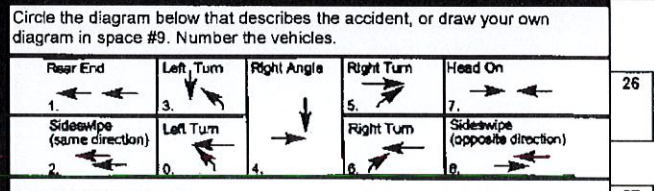
5	City or Town NEW YORK	State NY	Zip Code [REDACTED]	25
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1	Plate Number [REDACTED] State of Reg. NY Vehicle Year & Make 2010 TOYT Vehicle Type 4DSD Ins. Code 284	25
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1 Ticket/Arrest Number(s)

6	Violation Section(s)	1
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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 perm't; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact [REDACTED] 1 [REDACTED] 2 [REDACTED] Box 2 - Most Damage [REDACTED] 3 [REDACTED] 4 [REDACTED] 5 [REDACTED] Enter up to three more damage codes Vehicle By: [REDACTED] Towed To: [REDACTED] VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	VEHICLE DAMAGE CODING	26
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ACCIDENT DIAGRAM
See the last page of the MV-104A for the accident diagram.

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 PUTNAM <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of PHILLIPSTOWN Road on which accident occurred ROUTE 9 (Route Number or Street Name) at 1) intersecting street or 2) .75 feet .75 miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of ROUTE 301 (Route Number or Street Name) (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's notes
operator of vehicle one states he was heading south bound on route 9 when a coyote ran in front of his vehicle.

8 9 10 11 12 13 14 15 16 17 BY

ALL INVOLVED	A	1	1	4	1	41	M	-	-	-	[REDACTED]
	B	1	6	5	1	2	F	-	-	-	[REDACTED]
Officer's Rank and Signature		DEPUTY		[Signature]		Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full		A PIZZUTO		PC60		03900	2	M	KEITH, TIMOTHY	6/18/2017 09:20	

Local Codes
17-3870
1LM22572Q8DD

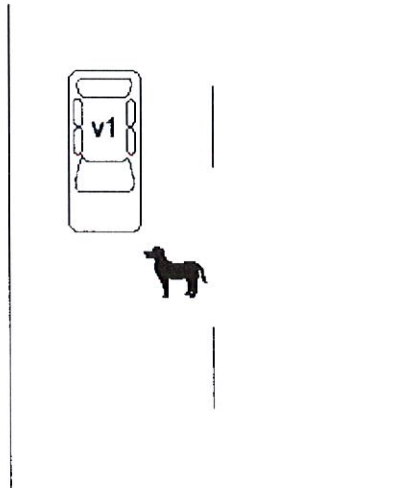
POLICE ACCIDENT REPORT

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						Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	17	2017	Saturday	10:45	1	0	0				

route 9



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
18-3470
1LPC028HL1D8

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	19
	Month	Day	Year	Thursday	01:06	1	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20

VEHICLE 1 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 1- Driver				State of Lic.	21
	License ID Number				NY	
	Driver Name - exactly as printed on license					
Address (Include Number and Street)				Apt. No.	22	
City or Town				State NY Zip Code		

3	Date of Birth		Sex	Unlicensed	No. of Occupants	Public Property Damaged	23
	Month	Day	Year	M	<input type="checkbox"/>	01	

4	Name - exactly as printed on registration		Sex	Date of Birth		24
			M	Month	Day	

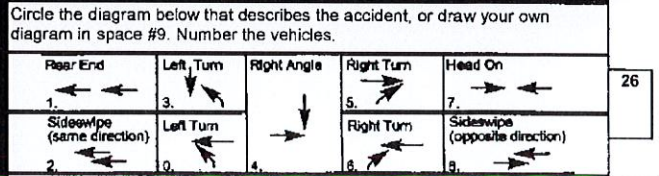
5	Address (Include Number and Street)				Apt. No.	Haz. Mat. Code	Released	25
	City or Town				State NY	Zip Code		

4	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	26
		NY	1998 HOND	2DSD	626	

Ticket/Arrest Number(s)

6	Violation Section(s)		27
	2		

7	Check if involved vehicle is:		VEHICLE DAMAGE CODING	28
	<input type="checkbox"/>	more than 95 inches wide;		
	<input type="checkbox"/>	more than 34 feet long;		
<input type="checkbox"/>	operated with an overweight permit;	VEHICLE DAMAGE CODING	29	
<input type="checkbox"/>	operated with an overdimension permit.			
VEHICLE 1 DAMAGE CODES		30		
L	Box 1 - Point of Impact	1	2	31
E	Box 2 - Most Damage	2	2	
Enter up to three more damage codes		3	4	5
Vehicle By: RODAKS		32		
Towed To: RODAKS		33		



ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9. 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:	
9	Latitude/Northing	County PUTNAM	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of PHILLIPSTOWN
8 4 0 4	Longitude/Easting	Road on which accident occurred	ROUTE 9 (Route Number or Street Name)
1 0 9 2		at 1) intersecting street	TORCHIA RD (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

V1 was driving north on Route 9 approaching Torchia Rd. V1 was driving at an unsafe speed for the weather. V1 lost control while navigating a slight curve in the road. V1 went off the roadway into rock walls on both sides of Torchia Rd. PROPERTY DAMAGED BY VEHICLE #01- [REDACTED] NY [REDACTED]

8	9	10	11	12	13	14	15	16	17 BY	
1	1	4	1	29	M	04	12	6	9993	1306
Officer's Rank and Signature		DEPUTY	Badge/ID No.		PC141	NCIC No.		03900	Precinct/Post Troop/Zone	Station/Beat Sector
Print Name in Full		F MCDONOUGH	Reviewing Officer		CIHANEK, J	Date/Time Reviewed		7/25/2018	16:20	

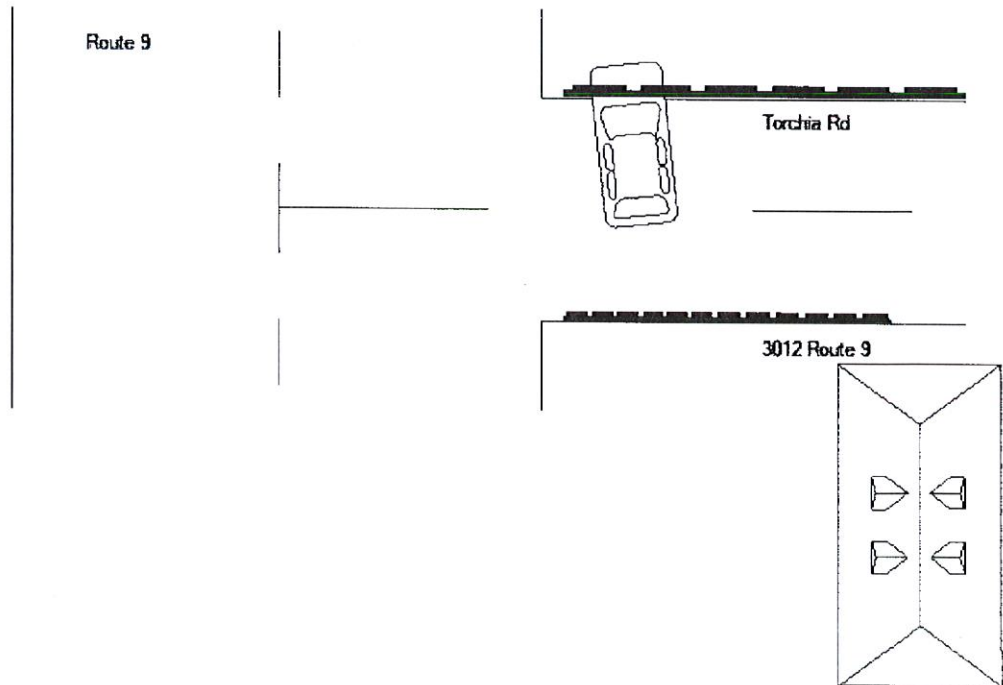
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
18-3470
1LPC028HL1D8

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	Thursday	01:06	1	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6	21	2018						<input type="checkbox"/>	<input type="checkbox"/>	



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 18-4480 1LM2518JWHG0

AMENDED REPORT

1 Accident Date: 8/5/2018, Day of Week: Sunday, Military Time: 14:05, No. of Vehicles: 2, No. Injured: 1, No. Killed: 0, Not Investigated at Scene: [], Left Scene: [], Police Photos: []

2 VEHICLE 1 - Driver License ID Number, Driver Name, Address, City or Town, State NY, Zip Code

3 VEHICLE 2 - Driver License ID Number, Driver Name, Address, City or Town, State NY, Zip Code

4 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name - exactly as printed on registration

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

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, VEHICLE 2 DAMAGE CODES

8 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 [x] Yes [] No

9 Place Where Accident Occurred: County PUTNAM, City [], Village [], Town [x] of PHILLIPSTOWN, Road on which accident occurred ROUTE 9

10 Accident Description/Officer's notes: V2 WAS BRAKING TO MAKE A LEFT TURN WITH LEFT BLINKER ON. OPERATOR OF V2 MADE RIGHT TURN INSTEAD OF LEFT TURN WITHOUT SIGNALING RIGHT TURN. V1 ATTEMPTED TO PASS V2 ON THE RIGHT BECAUSE HE BELIEVED V1 WAS MAKING LEFT TURN. V1 UNABLE TO STOP BEFORE CRASHING INTO V2 WHEN V2 MADE RIGHT TURN. V1 AT FAULT FOR IMPROPER PASSING. OPERATOR OF V1 RMA'D AT SCENE BUT STATED INJURIES TO LEFT KNEE AND LEFT FOOT.

Table with columns 8-17 BY and rows A-F. Row A: 1, 1, 6, 1, 65, M, 11, 12, 6. Row B: 2, 1, 4, 1, 62, F, -, -, -. Rows C-F are redacted.

11 Officer's Rank and Signature: DEPUTY, B LEVINE, Badge/ID No. PC48, NCIC No. 03900, Precinct/Post Troop/Zone 2, Station/Beat Sector D, Reviewing Officer LOMBARDO, SCOTT, Date/Time Reviewed 8/6/2018 08:42

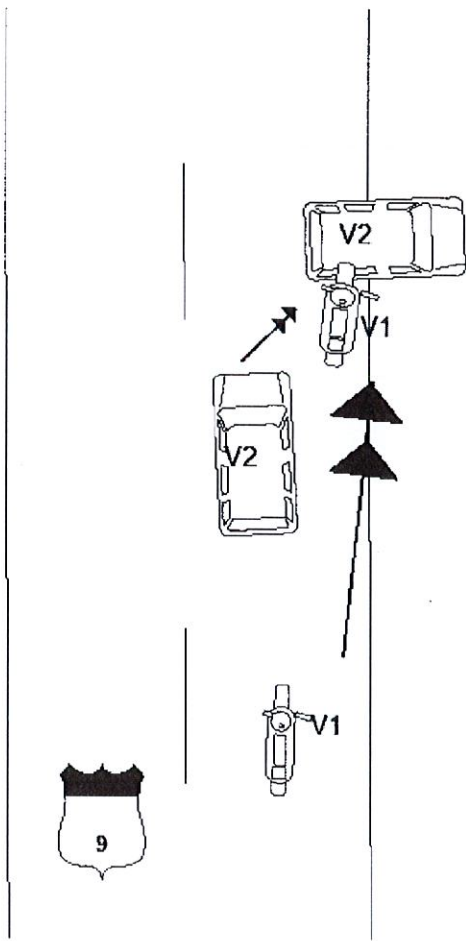
Local Codes
18-4480
1LM2518JWHG0

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								
8	5	2018	Sunday	14:05	2	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 19-5725 1LM217B64CWV

AMENDED REPORT

1 Accident Date: Month 11, Day 10, Year 2019, Day of Week SUNDAY, Military Time 02:40, No. of Vehicles 2, No. Injured 0, No. Killed 0, Not Investigated at Scene, Left Scene, Police Photos Yes/No

2 VEHICLE 1 - Driver License ID Number, Driver Name, Address, City or Town, State NY, Zip Code, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged

3 VEHICLE 2 - Driver License ID Number, Driver Name, Address, City or Town, State NY, Zip Code, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged

4 Plate Number, State of Reg. NY, Vehicle Year & Make 2000 FORD, Vehicle Type, Ins. Code 328, Ticket/Arrest Number(s)

5 Violation Section(s) 6001A, 1126A, 306B

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, VEHICLE 2 DAMAGE CODES

8 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.

9 Place Where Accident Occurred: County PUTNAM, Road on which accident occurred RTE 9 at 1) intersecting street or 2) 500 feet miles of CROSS CREEK RD

10 Accident Description/Officer's notes: D1 ATTEMPTED TO PASS THE VEHICLE IN FRONT OF HIM AND DID NOT SEE V2 TURNING LEFT. D1 HIT V2, LEFT THE SCENE AND WAS LOCATED A SHORT TIME LATER. ADDITIONAL TICKETS FOR DRIVER #1 M217B64FNL, 5111A WITNESS #1 NY

Table with columns 8-17 BY and rows A-F. Includes Officer's Rank and Signature (ALEX RUHE), Badge/ID No. (PC131), NCIC No. (03900), Precinct/Post Troop/Zone (2), Station/Beat Sector (D), Reviewing Officer (LEE, THOMAS), Date/Time Reviewed (11/14/2019 07:58)

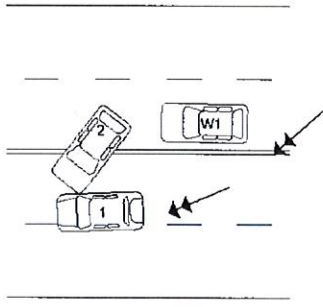
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
19-5725
1LM217B64CWV

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									
11	10	2019	SUNDAY	02:40	2	0	0	Accident Reconstructed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
2019006236
1LM215B9LV0S

AMENDED REPORT

1	Accident Date Month: 12, Day: 12, Year: 2019	Day of Week Thursday	Military Time 18:08	No. of Vehicles 3	No. Injured 1	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
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2	VEHICLE 1 - Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: [REDACTED] Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] City or Town: [REDACTED] State NY Zip Code: [REDACTED]	VEHICLE 2 - Driver License ID Number: [REDACTED] Driver Name - exactly as printed on license: [REDACTED] Address (Include Number and Street): [REDACTED] Apt. No.: [REDACTED] City or Town: [REDACTED] State NY Zip Code: [REDACTED]
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3	Date of Birth: 6/4/1997, Sex: F, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 5/30/1981, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>
4	Name: [REDACTED], Sex: M, Date of Birth: 7/23/1972	Name: [REDACTED], Sex: F, Date of Birth: 7/29/1963

5	Plate Number: [REDACTED], State of Reg: NY, Vehicle Year & Make: 2010 NISS, Vehicle Type: SUBN, Ins. Code: 639	Plate Number: [REDACTED], State of Reg: NY, Vehicle Year & Make: 2006 HOND, Vehicle Type: OT/V, Ins. Code: 100
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6	Violation Section(s): 1129A	Violation Section(s): [REDACTED]
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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.
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8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED]	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [REDACTED] Box 2 - Most Damage: [REDACTED] Enter up to three more damage codes: [REDACTED]	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.
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9	Reference Marker: 9	Coordinates (if available): Latitude/Northing: [REDACTED], Longitude/Easting: [REDACTED]	Place Where Accident Occurred: County: PUTNAM, City/Village/Town: <input checked="" type="checkbox"/> TOWN of PHILLIPSTOWN Road on which accident occurred: ROUTE 9 at 1) intersecting street: JAYCOX RD or 2) [REDACTED] of [REDACTED] (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's notes
W1 traveling N/B Rt9 stopped for UNK vehicle to complete left turn onto Jaycox Rd. While stopped, V3, along with V2, also traveling N/B stopping behind W1. While all vehicles were stopped in traffic, V1 continued to travel Rt9 N/B and collided with V2, which in turn pushed V2 into V3, causing a chain collision. V1 operator transported to hospital. Operators of V2 and V3 reported no injuries. WITNESS #1 [REDACTED]

A	8	9	10	11	12	13	14	15	16	17	BY			
A	1	1	4	1	22	F	11	12	6	PVAC	5908			
B	2	1	4	1	38	M	-	-	-					
C	3	1	4	1	39	M	-	-	-					
D	[REDACTED]													
E	[REDACTED]													
F	[REDACTED]													
G	Officer's Rank and Signature	DEPUTY	Badge/ID No.	PC40	NCIC No.	03900	Precint/Post Troop/Zone	RP2	Station/Beat Sector	D	Reviewing Officer	CIHANEK, J	Date/Time Reviewed	12/20/2019 16:56
H	Print Name in Full	A TOLVE												

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
2019006236
1LM215B9LV0S

AMENDED REPORT

1	Accident Date Month: 12, Day: 12, Year: 2019	Day of Week Thursday	Military Time 18:08	No. of Vehicles 3	No. Injured 1	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 3 VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE 3- Driver License ID Number [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] City or Town [REDACTED] State NY Zip Code [REDACTED]	State of Lic. NY	21
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3	Date of Birth Month: 9, Day: 30, Year: 1980 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 01 Public Property Damaged: <input type="checkbox"/>	22
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4	Name - exactly as printed on registration [REDACTED] Sex: M Date of Birth Month: 9, Day: 30, Year: 1980 Address (Include Number and Street) [REDACTED] City or Town [REDACTED] State NY Zip Code [REDACTED]	23
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5	Plate Number [REDACTED] State of Reg. NY Vehicle Year & Make 2007 AMGN Vehicle Type OT/V Ins. Code 148	24
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6	Violation Section(s)	25
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7	<p>Check if involved vehicle is:</p> <p>V <input type="checkbox"/> more than 95 inches wide;</p> <p>E <input type="checkbox"/> more than 34 feet long;</p> <p>H <input type="checkbox"/> operated with an overweight permit;</p> <p>I <input type="checkbox"/> operated with an overdimension permit.</p> <p>C VEHICLE 3 DAMAGE CODES</p> <p>Box 1 - Point of Impact: 1, 9, 2</p> <p>Box 2 - Most Damage: 3, 4, 5</p> <p>Enter up to three more damage codes: 8</p> <p>Vehicle By: RODAKS Towed To: RODAKS</p> <p>VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER</p>	<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>3. Left Turn</td> <td>4. Right Angle</td> <td>5. Right Turn</td> <td>7. Head On</td> </tr> <tr> <td>2. Sideswipe (same direction)</td> <td>6. Left Turn</td> <td>8. Right Turn</td> <td>9. Sideswipe (opposite direction)</td> <td></td> </tr> </table> <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>	1. Rear End	3. Left Turn	4. Right Angle	5. Right Turn	7. Head On	2. Sideswipe (same direction)	6. Left Turn	8. Right Turn	9. Sideswipe (opposite direction)		26
1. Rear End	3. Left Turn	4. Right Angle	5. Right Turn	7. Head On									
2. Sideswipe (same direction)	6. Left Turn	8. Right Turn	9. Sideswipe (opposite direction)										

8	Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County PUTNAM Road on which accident occurred _____ at 1) intersecting street _____ or 2) _____ feet _____ miles _____	27
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9	Accident Description/Officer's notes PUTNAM VALLEY, NY 10579 (845) 475-6549	28
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10	Officer's Rank and Signature DEPUTY [Signature]	Badge/ID No. PC40	NCIC No. 03900	Precint/Post Troop/Zone RP2	Station/Beat Sector D	Reviewing Officer CIHANEK, J	Date/Time Reviewed 12/20/2019 16:56	29
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ALL INVOLVED

11	Print Name in Full A TOLVE	12	13	14	15	16	17	BY	30
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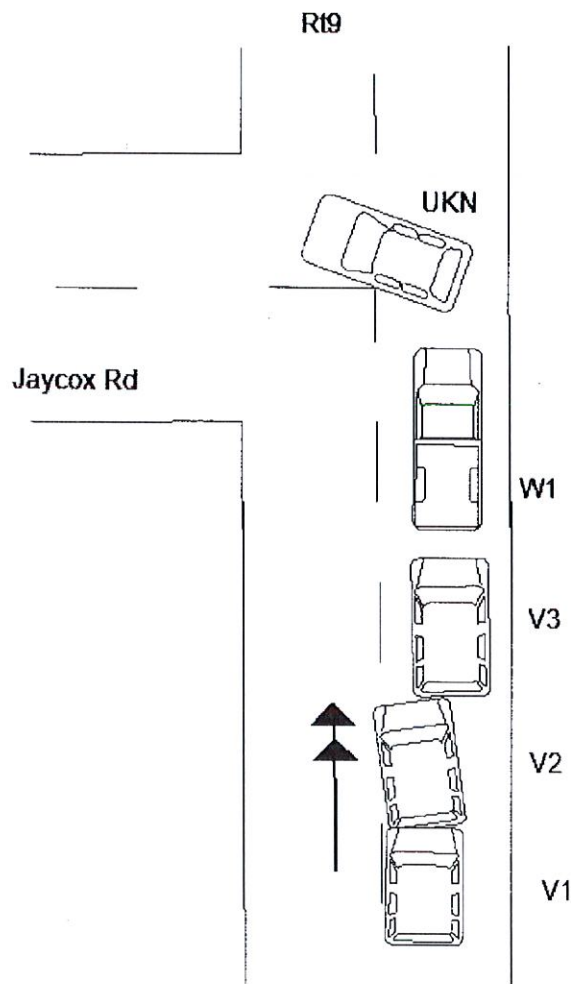
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
2019006236
1LM215B9LV0S

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								
12	12	2019	Thursday	18:08	3	1	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 20-01133 1M226BNZX2N

AMENDED REPORT

19 19

1 Accident Date: Month 3, Day 28, Year 2020. Day of Week: SATURDAY. Military Time: 08:15. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: [] Left Scene: [] Police Photos: [] Yes [X] No []

2 VEHICLE 1: License ID Number [redacted], State of Lic. NY, Driver Name [redacted], Address [redacted], City or Town [redacted], State NY, Zip Code [redacted]. VEHICLE 2: License ID Number [redacted], State of Lic. UN, Driver Name [redacted], Address [redacted], City or Town [redacted], State NY, Zip Code [redacted].

3 Date of Birth: V1 (5/3/1983, M, Unlicensed []), V2 (3/21/1979, M, Unlicensed [X]). No. of Occupants: V1 (01), V2 (01). Public Property Damaged: []

4 Name - exactly as printed on registration: V1 [redacted], V2 [redacted]. Sex: V1 [redacted], V2 (M). Date of Birth: V1 (6/22/1955), V2 (9/24/1958).

5 Plate Number: V1 [redacted], State of Reg. NY, Vehicle Year & Make 2010 TOYT, Vehicle Type 4DSD, Ins. Code 639. V2: Plate Number [redacted], State of Reg. NY, Vehicle Year & Make 2004 DODG, Vehicle Type PICK, Ins. Code 769.

6 Ticket/Arrest Number(s): V1 (M226BNZZH7, M226BNZZVF), V2 (M226BNZZ41). Violation Section(s): V1 (1180A, 1129A), V2 (5091).

7 Check if involved vehicle is: V1 [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit. V2 [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.

8 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact [redacted], Box 2 - Most Damage [redacted]. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact [redacted], Box 2 - Most Damage [redacted]. ACCIDENT DIAGRAM: [Diagram showing vehicle positions and directions]

9 Place Where Accident Occurred: County PUTNAM, City/Village/Town PHILLIPSTOWN. Road on which accident occurred ROUTE 9 at 1) intersecting street JAYCOX ROAD. (Route Number or Street Name)

10 Accident Description/Officer's notes: D-1 STATED THAT HE COULD NOT AVOID HITTING THE BACK OF V-2. D-2 WAS ATTEMPTING TO MAKE A LEFT TURN. V-1 DID NOT CAUSE DAMAGE TO THE UTILITY POLE.

Table with columns 8-17 BY and rows A-F. Row A: 1, 1, 8, 1, 36, M, -, -, -. Row B: 2, 1, 4, 1, 41, M, -, -, -. Rows C-F are blank.

11 Officer's Rank and Signature: DEPUTY [Signature]. Print Name in Full: R HUDSON. Badge/ID No.: PC114. NCIC No.: 03900. Precinct/Post Troop/Zone: 2. Station/Beat Sector: D. Reviewing Officer: LOMBARDO, SCOTT. Date/Time Reviewed: 3/29/2020 08:18.

POLICE ACCIDENT REPORT

Local Codes 2020-2389 1LM225C7M5ND

MV-104A (6/04)

AMENDED REPORT

1 Accident Date: Month 8, Day 31, Year 2020, Day of Week Monday, Military Time 08:39, No. of Vehicles 3, No. Injured 1, No. Killed 0, Not Investigated at Scene Accident Reconstructed, Left Scene, Police Photos Yes/No

2 VEHICLE 1, VEHICLE 2, BICYCLIST, PEDESTRIAN, OTHER PEDESTRIAN

3 VEHICLE 1- Driver License ID Number, State of Lic. NY, VEHICLE 2- Driver License ID Number, State of Lic. NY, Driver Name - exactly as printed on license, Address (Include Number and Street), Apt. No.

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

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

6 City or Town, State NY, Zip Code, Plate Number, State of Reg. NY, Vehicle Year & Make 2020 PTRB, Vehicle Type TRAC, Ins. Code 440

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

8 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.

9 VEHICLE 1 DAMAGE CODES, VEHICLE 2 DAMAGE CODES, ACCIDENT DIAGRAM (See the last page of the MV-104A for the accident diagram.)

10 Vehicle By, Towed To, VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER

11 Reference Marker, Coordinates (f available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County PUTNAM, Road on which accident occurred ROUTE 9

12 Accident Description/Officer's notes: OPERATOR OF VEHICLE 1 STATED WHILE TRAVELING SOUTH ON ROUTE 9 HE ATTEMPTED TO GIVE WAY AND EXERCISE CAUTION TO VEHICLE 2 WHICH WAS ALSO TRAVELING SOUTH ON THE SHOULDER OF ROUTE 9 WHEN AN UNKNOWN VEHICLE TRAVELING NORTH WOULD NOT ALLOW HIM TO. VEHICLE 1 THEN STRUCK VEHICLE 2 CAUSING IT TO THEN STRIKE VEHICLE 3 WHICH WAS PARKED UNOCCUPIED OFF THE SOUTH BOUND LANE OF THE SHOULDER.

Table with columns 8-17 BY and rows A-F. Includes Officer's Rank and Signature (DEPUTY W VERRASTRO), Badge/ID No. (PC51), NCIC No. (03900), Precint/Post Troop/Zone (2), Station/Beat Sector (D), Reviewing Officer (MEYER, WILLIAM), Date/Time Reviewed (9/3/2020 09:17)

POLICE ACCIDENT REPORT

Local Codes 2020-2389 1LM225C7M5ND

MV-104A (6/04)

AMENDED REPORT

1 Accident Date: Month 8, Day 31, Year 2020, Day of Week Monday, Military Time 08:39, No. of Vehicles 3, No. Injured 1, No. Killed 0, Not Investigated at Scene, Left Scene, Police Photos Yes/No

2 VEHICLE 3 - Driver License ID Number, State of Lic. NY, Driver Name - exactly as printed on license PARKED, Address (Include Number and Street), Apt. No.

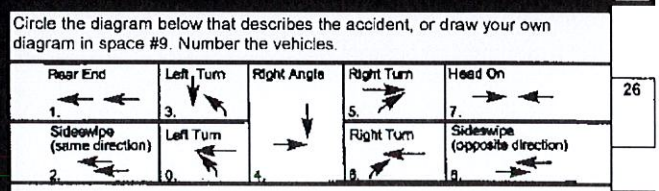
3 City or Town, State NY, Zip Code, Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged

4 Name - exactly as printed on registration, Sex M, Date of Birth 8/28/1968, Address (Include Number and Street), Apt. No., Haz. Mat. Code, Released

6 Plate Number, State of Reg. NY, Vehicle Year & Make 2013 VOLK, Vehicle Type 4DSD, Ins. Code 646

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



9. ACCIDENT DIAGRAM. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine, Yes, No.

Place Where Accident Occurred: County PUTNAM, Road on which accident occurred, at 1) intersecting street, or 2) feet miles N S E W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

ALL INCIDENTS FILED. Officer's Rank and Signature: DEPUTY, Print Name in Full: W VERRASTRO, Badge/ID No.: PC51, NCIC No.: 03900, Precint/Post Troop/Zone: 2, Station/Beat Sector: D, Reviewing Officer: MEYER, WILLIAM, Date/Time Reviewed: 9/3/2020 09:17

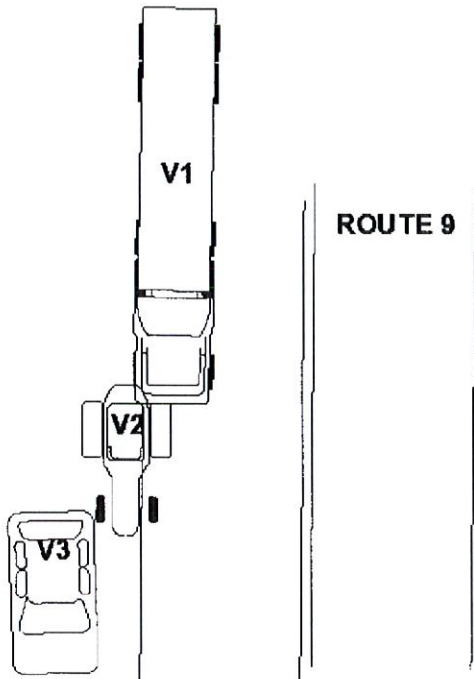
Local Codes
2020-2389
1LM225C7M5ND

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									
8	31	2020	Monday	08:39	3	1	0	Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
21-595
1LM212CVMBZ3

AMENDED REPORT

1	Accident Date Month: 2, Day: 25, Year: 2021	Day of Week THURSDAY	Military Time 13:10	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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2	VEHICLE 1 - Driver License ID Number [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (include Number and Street) [REDACTED] City or Town [REDACTED] State NY Zip Code [REDACTED]	VEHICLE 2 - Driver License ID Number [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (include Number and Street) [REDACTED] City or Town [REDACTED] State NY Zip Code [REDACTED]
---	---	---

3	Date of Birth: 2/1/1957, Sex: F, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>	Date of Birth: 7/3/1993, Sex: M, Unlicensed: <input type="checkbox"/> , No. of Occupants: 01, Public Property Damaged: <input type="checkbox"/>
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5	Plate Number [REDACTED], State of Reg NY, Vehicle Year & Make 2003 LEXS, Vehicle Type 4DSD, Ins. Code 352	Plate Number [REDACTED], State of Reg NY, Vehicle Year & Make 2009 TOYT, Vehicle Type 4DSD, Ins. Code 352
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6	Violation Section(s) 1141
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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.
---	--	--	--

VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACCIDENT DIAGRAM
Box 1 - Point of Impact: 3, 3 Box 2 - Most Damage: 2, 4, 1 Enter up to three more damage codes: 2, 3, 4, 1, 5	Box 1 - Point of Impact: 1, 1 Box 2 - Most Damage: 1, 1 Enter up to three more damage codes: 2, 3, 4, 1, 2	See the last page of the MV-104A for the accident diagram.

Reference Marker: 9	Coordinates (if available): Latitude/Northing: 8 4 0 4 Longitude/Easting: 1 0 9 1	Place Where Accident Occurred: County PUTNAM Road on which accident occurred ROUTE 9 at 1) intersecting street or 2) 50 feet miles of 50 FEET SOUTH OF JAYCOX RD
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Accident Description/Officer's notes
 VEHICLE 2 ATTEMPTING TO MAKE A LEFT TURN OUT OF PARKING LOT. DRIVER 2 STATES HE LOOKED BOTH WAYS AND PULLED OUT. VEHICLE 2 STRUCK VEHICLE 1 THAT WAS TRAVELING SOUTHBOUND ON ROUTE 9.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	
A	1	1	4	1	64	F	-	-	-	[REDACTED]	
B	2	1	4	1	27	M	-	-	-	[REDACTED]	
C	[REDACTED]										
D	[REDACTED]										
E	[REDACTED]										
F	[REDACTED]										
Officer's Rank and Signature	DEPUTY <i>A Kristan</i>					Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	ANDREW KRISTAN					PC123	03900	2	D	LEE, THOMAS	2/25/2021 14:02

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
21-595
1LM212CVMB23

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	THURSDAY	13:10	2	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	25	2021						Accident Reconstructed <input type="checkbox"/>		

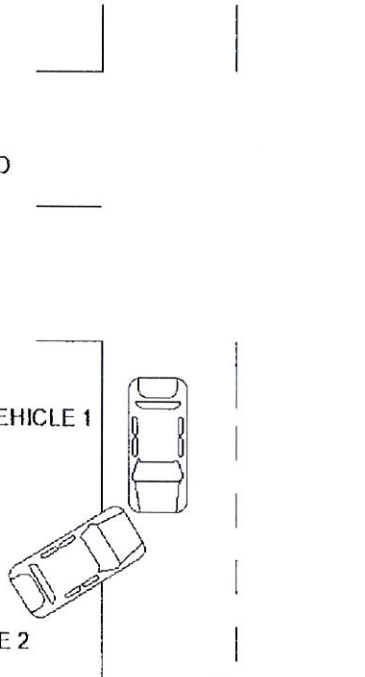


JAYCOX RD

VEHICLE 1

VEHICLE 2

ROUTE 9



POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 2021--0602 1LM292CVMW03

AMENDED REPORT

19 7

Accident Date: Month 2, Day 25, Year 2021, Day of Week THURSDAY, Military Time 17:15, No. of Vehicles 2, No. Injured 0, No. Killed 0, Not Investigated at Scene, Left Scene, Police Photos Yes No

20 -

VEHICLE 1 and VEHICLE 2 information including License ID Number, Driver Name, and Address.

21 -

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

22 -

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

23 6

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

24 1

Ticket/Arrest Number(s), Violation Section(s) 24042A.

25 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.

26 1

VEHICLE 1 DAMAGE CODES, VEHICLE 2 DAMAGE CODES, ACCIDENT DIAGRAM, See the last page of the MV-104A for the accident diagram.

27 1

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County PUTNAM, Road on which accident occurred ROUTE 9.

29 -

Accident Description/Officer's notes: V1 WAS EXITING THE PARKING LOT MAKING A LEFT SOUTH BOUND ON ROUTE 9 WHEN V2 WAS TRAVELING NORTH.

30 -

Table with columns 8-17 BY and rows A, B, C, D, E, F.

Officer's Rank and Signature, Badge/ID No., NCIC No., Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer, Date/Time Reviewed.

POLICE ACCIDENT REPORT

Local Codes
2021--0602
1LM292CVMW03

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									
2	25	2021	THURSDAY	17:15	2	0	0				



ROUTE 9

