MICHAEL A. SIRAGUSA
ERIE COUNTY ATTORNEY

COUNTY OF ERIE

MARK C. POLONCARZ
COUNTY EXECUTIVE
DEPARTMENT OF LAW

MICHELLE M. PARKER
FIRST ASSISTANT COUNTY ATTORNEY

JEREMY C. TOTH
SECOND ASSISTANT COUNTY ATTORNEY

October 7, 2013

Mr. Robert M. Graber, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Mr. Graber:

In compliance with the Resolution passed by the Erie County Legislature on June 25, 1987, regarding notification of lawsuits and claims filed against the County of Erie, enclosed please find a copy of the following:

File Name:	*Cormier, Roger and Michelle, Individually and as Parents and Natural Guardians of Mishayla Cormier v. County of Erie*
Document Received:	Notice of Claim
Name of Claimant:	Roger Cormier, Michelle Cormier, Mishayla Cormier
Claimant's attorney:	Emily M. Cobb, Esq. Hogan Willig, PLLC 2410 North Forest Road, Suite 301 Amherst, New York 14068

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: Michelle Parker
Michelle M. Parker
First Assistant County Attorney

MMP:dld
Enc.

In the Matter of the Claim of

ROGER CORMIER and MICHELLE CORMIER, individually and as parents and natural guardians of MISHAYLA CORMIER,

Claimants,

-against-

COUNTY OF ERIE
95 Franklin Street
Buffalo, New York 14202

Respondent,

NOTICE OF CLAIM

This paper received at the Erie County Attorney's Office from [illegible] on the 11th day of [illegible], 20[illegible] at [illegible] a.m./p.m.

Assistant County Attorney

TO: COUNTY OF ERIE
95 Franklin Street
Buffalo, New York 14202

PLEASE TAKE NOTICE, the Claimants herein hereby makes a claim and demand against the TOWN OF LANCASTER, pursuant to § 50-e of the General Municipal law.

1. **The names and post-office addresses of the Claimants and their attorneys are:**

CLAIMANTS

Roger Cormier
5166 Genesee Street
Bowmansville, New York 14026

Michelle Cormier
5166 Genesee Street
Bowmansville, New York 14026

Mishayla Cormier
5166 Genesee Street
Bowmansville, New York 14026

ATTORNEY

Emily M. Cobb, Esq.
HOGANWILLIG, PLLC
North Forest Road, Suite 301
Amherst, New York 14068

HOGANWILLIG
Attorneys at Law
2410 NORTH FOREST ROAD | SUITE 301 | AMHERST, NEW YORK 14068
Phone: 716.636.7600 | Toll Free: 800.636.5255 | Fax: 716.636.7606 | www.hoganwillig.com

2. **The nature of the claim:**

The nature of the claim of ROGER CORMIER and MICHELLE CORMIER, as parents and natural guardians of MISHAYLA CORMIER, an infant, are for personal injuries, negligence, medical expenses, economic loss, special damages, pain and suffering and other damages sustained by MISHAYLA CORMIER due to the negligence, recklessness and/or carelessness of the County of Erie and/or its agents, servants or employees, as further set forth below. In addition, ROGER CORMIER and MICHELLE CORMIER assert derivative claims herein.

ROGER CORMIER and MICHELLE CORMIER are the parents and natural guardians of MISHAYLA CORMIER, who sustained personal injuries when she was struck by a motor vehicle on July 7, 2013 at the intersection of Transit Road and Genesee Street in the Town of Lancaster and/or Town of Cheektowaga, County of Erie, and State of New York.

3. **The date, time when, the place where and the manner in which the claim arose is as follows:**

The incident giving rise to this claim, occurred on July 8, 2013, at approximately 11:41 p.m., at the intersection of Transit Road and Genesee Street in the Town of Lancaster and/or Town of Cheektowaga, County of Erie, and State of New York.

Upon information and belief, Claimant MISHAYLA CORMIER was struck by a motor vehicle while she was lawfully crossing Transit Road in the northern crosswalk of Genesee Street with her father ROGER CORMIER and the pedestrian signal's approval when the pedestrian signal suddenly and erroneously disapproved before MISHAYLA CORMIER and ROGER CORMIER crossed Transit Road. A copy of the Police Accident Report is attached hereto as **Exhibit A**.

HOGANWILLIG
Attorneys at Law
2410 NORTH FOREST ROAD | SUITE 301 | AMHERST, NEW YORK 14068
Phone: 716.636.7600 Toll Free: 800.636.5255 Fax: 716.636.7606 www.hoganwillig.com

Upon information and belief, Claimant, MISHAYLA CORMIER, was struck by a motor vehicle by reason of the negligence, recklessness and/or carelessness of the County of Erie, in its maintenance, construction, placement, configuration and design of said roadway, traffic signal, and pedestrian signal, which includes, but is not limited to, the negligent, careless and reckless maintenance, design, placement, configuration, calibration, or failure to calibrate, the traffic signal and pedestrian signal and various other violations of the New York State Department of Transportation, OSHA and other State, federal and other statutes, rules and regulations. In addition, the intersection was not properly lit and in violation of New York State Department of Transportation, OSHA and other State, federal and other statutes, rules and regulations.

Upon information and belief, the aforementioned traffic signal and pedestrian signal were operated and maintained by the County of Erie, and it was the duty of the County of Erie to maintain, construct, place, design, configure and supervise the signals in such a manner that it would be in a safe condition for public travel.

Upon information and belief, the County of Erie, its agents, servants, employees and/or representatives, and without any fault or neglect on the part of MISHAYLA CORMIER contributing thereto, did cause the aforementioned accident by:

(a) failing to keep and maintain said roadway, traffic signal and pedestrian signal in a safe and operating condition;

(b) failing to properly inspect and maintain said roadway, traffic signal and pedestrian signal;

(c) failing to warn of the existence of the dangerous condition of the roadway, traffic signal and pedestrian signal;

(d) failing to take the affirmative acts to remove the dangerous condition that the Respondent knew, or should have known, existed prior to the accident;

(e) failing to have sufficient personnel and equipment to properly inspect and maintain the aforementioned roadway, traffic signal and pedestrian signal;

HOGANWILLIG
Attorneys at Law
2410 NORTH FOREST ROAD | SUITE 301 | AMHERST, NEW YORK 14068
Phone: 716.636.7600 Toll Free: 800.636.5255 Fax: 716.636.7606 www.hoganwillig.com

(f) allowing a known dangerous condition to exist;

(g) failing to properly design, inspect and construct the said roadway, traffic signal and pedestrian signal;

(h) negligently maintaining said roadway, traffic signal and pedestrian signal, including, but not limited to:

(1) failing to properly calibrate the traffic signal and pedestrian signal;
(2) failing to properly light the roadway;
(3) allowing the construction of and/or maintenance of an inappropriate traffic signal and pedestrian signal; and
(4) in otherwise being negligence.

4. **The items of damages or injuries claimed are:**

That as a direct and proximate result of the negligence of the County of Erie, its agents, servants and/or employees, MISHAYLA CORMIER sustained serious personal injuries, including but not limited to a fractured right tibia, fractured right fibula, and fractured right humerus, pain and suffering, medical bills, special damages, and economic loss.

That as a direct and proximate result of the negligence of the County of Erie, its agents, servants and/or employees, ROGER CORMIER and MICHELLE CORMIER sustained loss of support, services and companionship of MISHAYLA CORMIER, along with medical bills, lost wages, and economic loss.

That as a direct and proximate result of the negligence of the County of Erie, its agents, servants and/or employees, ROGER CORMIER, who witnessed his daughter, MISHAYLA CORMIER sustain serious bodily injuries, sustained personal injuries in the form of severe emotional distress along with medical bills, lost wages, special damages, and economic loss.

HOGANWILLIG
Attorneys at Law
2410 NORTH FOREST ROAD | SUITE 301 | AMHERST, NEW YORK 14068
Phone: 716.636.7600 Toll Free: 800.636.5255 Fax: 716.636.7606 www.hoganwillig.com

PLEASE TAKE FURTHER NOTICE, that Claimants ROGER CORMIER and MICHELLE CORMIER, as parents and natural guardians of MISHAYLA CORMIER, demand payment of said claim and unless said claim is paid within a reasonable time, it is the intention of the Claimants to commence suit against the County of Erie.

DATED: Amherst, New York
October 2, 2013

Emily M. Cobb, Esq.
HoganWillig
Attorneys for Claimants
2410 North Forest Road, Suite 301
Amherst, New York 14068
(716) 636-7600

VERIFICATION

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

MICHELLE CORMIER, individually and as parent and natural guardian of MISHAYLA CORMIER, being duly sworn, deposes and says that she is a Claimant in the foregoing claim, that she has read the foregoing Notice of Claim and know the contents thereof; that the same is true to her knowledge except as to those matters alleged to be upon information and belief as to those matters, she believe them to be true.

MICHELLE CORMIER individually and as parent and natural guardian of MISHAYLA CORMIER

Sworn to before me this
2nd day of October, 2013

NOTARY PUBLIC

Steven M. Cohen
Notary Public – State of New York
Qualified in Erie County
My Commission expires March 6, 2015

HOGAN WILLIG
Attorneys at Law
2410 NORTH FOREST ROAD | SUITE 301 | AMHERST, NEW YORK 14068
Phone: 716.636.7600 Toll Free: 800.636.5255 Fax: 716.636.7606 www.hoganwillig.com

VERIFICATION

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

ROGER CORMIER, individually and as parent and natural guardian of MISHAYLA CORMIER, being duly sworn, deposes and says that he is a Claimant in the foregoing claim, that he has read the foregoing Notice of Claim and know the contents thereof; that the same is true to his knowledge except as to those matters alleged to be upon information and belief as to those matters, he believe them to be true.

ROGER CORMIER individually and as parent and natural guardian of MISHAYLA CORMIER

Sworn to before me this
2nd day of October, 2013

NOTARY PUBLIC

Steven M. Cohen
Notary Public – State of New York
Qualified in Erie County
My Commission expires March 6, 2015

EXHIBIT A

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes: 13-327062 / RMCH42002607

☐ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos ☐ Yes ☒ No
7	8	2013	Monday	23:41	1	1	0		☐	

☐ VEHICLE 2 ☐ BICYCLIST ☒ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1	VEHICLE 2
VEHICLE 1 - Driver License ID Number: 686148565	State of Lic.: NY
Driver Name - exactly as printed on license: SCHULTZ, GREGORY P	
Address (Include Number and Street): 48 AMADOR PKWY	Apt. No.
City or Town: ROCHESTER	State: NY Zip Code: 14623
Date of Birth: 3 31 1983	Sex: M
Unlicensed: ☐	No. of Occupants: 01
Public Property Damaged: ☐	
Name - exactly as printed on registration: SCHULTZ, SUSAN I	Sex: F
Date of Birth: 6 11 1955	
Address (Include Number and Street): 48 AMADOR PKWY	Apt. No.
Haz. Mat. Code: -	Released: ☐
City or Town: ROCHESTER	State: NY Zip Code: 14623
Plate Number: 73239JL	State of Reg.: NY
Vehicle Year & Make: 2000 TOYT	Vehicle Type: PICK
Ins. Code: 478	
Ticket/Arrest Number(s):	
Violation Section(s):	

VEHICLE 2	
VEHICLE 2 - Driver License ID Number	State of Lic.
Driver Name - exactly as printed on license: CORMIER, MISHAYLA L	
Address (Include Number and Street): 5166 GENESEE ST	Apt. No.
City or Town: LANCASTER	State: NY Zip Code: 14026
Date of Birth: 7 18 2000	Sex: F
Unlicensed: ☐	No. of Occupants: 01
Public Property Damaged: ☐	
Name - exactly as printed on registration: ,	Sex:
Date of Birth: Month Day Year	
Address (Include Number and Street)	Apt. No.
Haz. Mat. Code	Released: ☐
City or Town	State Zip Code
Plate Number	State of Reg.
Vehicle Year & Make	Vehicle Type: PED
Ins. Code	
Ticket/Arrest Number(s)	
Violation Section(s)	

VEHICLE 1 — 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

	1	2	3	4	5
Box 1 - Point of Impact / Box 2 - Most Damage	12	12			
Enter up to three more damage codes			77		

Vehicle Bv: Towed: To:

VEHICLE 2 — 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 2 DAMAGE CODES

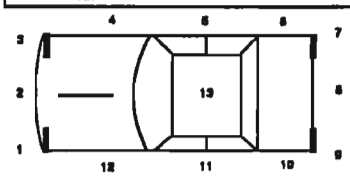
	1	2	3	4	5
Box 1 - Point of Impact / Box 2 - Most Damage					
Enter up to three more damage codes					

Vehicle Bv: Towed: To:

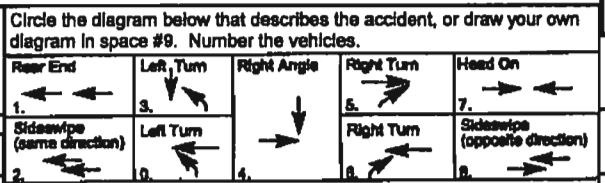
VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

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



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



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			
	7	8	–
5	3	0	2
1	2	3	2

Coordinates (if available)
Lattitude/Northing:
Longitude/Easting:

Place Where Accident Occurred:
County ERIE ☐ City ☐ Village ☒ Town of CHEEKTOWAGA
Road on which accident occurred TRANSIT RD (Route Number or Street Name)
at 1) Intersecting street SR 33 AKA GENESEE ST (Route Number or Street Name)
or 2) ____ feet ____ miles ☐N ☐S ☐E ☐W of ____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

V1 WAS TRAVELING SOUTHBOUND IN THE RIGHT LANE ON TRANSIT RD. THE PEDESTRIAN WAS CROSSING TRANSIT RD WESTBOUND IN THE CROSSWALK WITH HER FATHER, AN UNINVOLVED PEDESTRIAN FROM THE EAST SIDE OF THE STREET. THE WITNESS WAS STOPPED FACING SOUTHBOUND ON TRANSIT RD WAITING TO MAKE A LEFT TURN TO GO EAST ON GENESEE ST. THE PEDESTRIAN REPORTED CROSSING ON A GREEN SIGNAL. AS PEDESTRIAN CROSSED SIGNAL TURNED RED AND GREEN FOR NORTH/SOUTH TRAFFIC. PEDESTRIAN DID NOT USE PEDESTRIAN CROSSING FUNCTION OF SIGNAL. AS PEDESTRIAN CROSSED THE SOUTHBOUND LANES SHE

USE COVER SHEET N

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	4	1	30	M	-	-	-			SCHULTZ, GREGORY P	
B	P	-	-	-	12	F	11	09	6	12775ET	1413	CORMIER, MISHAYLA L	
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
P/O	0947	01455	-	-	Berecz, S	7/8/2013 09:08
Print Name in Full: J Bartoszek						

ORIGINAL

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes: 13-327062 / RMCH42002607

☐ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
7	8	2013	Monday	23:41	1	1	0		☐	☐ Yes ☒ No

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1	VEHICLE 2
Driver License (#) Number / State of Lic.	
Driver Name - exactly as printed on license	
Address (Include Number and Street) / Apt. No.	
City or Town / State / Zip Code	
Date of Birth / Sex / Uninjured / No. of Occupants / Public Property Damaged	
Name - exactly as printed on registration / Sex / Date of Birth	
Address (Include Number and Street) / Apt. No. / Ins. Code / Registered	
City or Town / State / Zip Code	
Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code	
Ticket/Arrest Number(s)	
Violation Section(s)	

VEHICLE 1: Check if involved vehicle is ☐ more than 96 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; Box 2 - Most Damage; Enter up to three more damage codes. Vehicle Towed By / To

VEHICLE 2: Check if involved vehicle is ☐ more than 96 inches wide; ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES. Vehicle Towed By / To

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

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

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
1.	3.		5.	7.
Sideswipe (same direction)	Left Turn		Right Turn	Sideswipe (opposite direction)
2.	0.	4.	6.	8.

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): Lattitude/Northing: ____ Longitude/Easting: ____

Place Where Accident Occurred:

County ERIE ☐ City ☐ Village ☐ Town of ____

Road on which accident occurred ____ (Route Number or Street Name)

at 1) Intersecting street ____ (Route Number or Street Name)

or 2) ____ feet ____ miles N S E W of ____ (Mileport, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

WAS STRUCK BY V1. PEDESTRIAN STATED THAT WHEN THE SIGNAL CHANGED SHE BEGAN TO RUN. D1 STATED THAT AS HE APPROACHED THE INTERSECTION THE SIGNAL TURNED GREEN AND THAT HE DID NOT SEE THE PEDESTRIAN IN THE CROSSWALK. D1 ALSO STATED THAT WHEN ENTERING THE INTERSECTION HE OBSERVED THE PEDESTRIAN AT THE LAST MOMENT AND ATTEMPTED TO SWERVE INTO THE RIGHT TURN LANE BUT COULD NOT AVOID STRIKING PEDESTRIAN, THE WITNESS STATED THAT THE PEDESTRIAN WAS IN THE MIDDLE OF THE INTERSECTION IN FRONT OF HIS VEHICLE WHEN THE SIGNAL TURNED GREEN.

USE COVER SHEET

N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
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
P/O	0947	01455	----	--	Berecz, S	7/8/2013 09:08
Print Name In Full: J Bartoszek						

New York State Department of Moto

POLICE ACCIDENT R

MV-104A (3/04)

Local Codes
13-327062
RMCH42002607

☐ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
7	8	2013	Monday	23:41	1	1	0		☐	☐ Yes ☒ No

VEHICLE	☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
VEHICLE 1 / Driver License or ID Number / State of Lic.	VEHICLE 2 / Driver License or ID Number / State of Lic.
Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
Address (Include Number and Street) / Apt. No.	Address (Include Number and Street) / Apt. No.
City or Town / State / Zip Code	City or Town / State / Zip Code
Date of Birth Month Day Year / Sex / Uniformed ☐ / No. of Occupants / Public Property Damaged ☐	Date of Birth Month Day Year / Sex / Uniformed ☐ / No. of Occupants / Public Property Damaged ☐
Name - exactly as printed on registration / Sex / Date of Birth Month Day Year	Name - exactly as printed on registration / Sex / Date of Birth Month Day Year
Address (Include Number and Street) / Apt. No. / Haz Mat Code / Released ☐	Address (Include Number and Street) / Apt. No. / Haz Mat Code / Released ☐
City or Town / State / Zip Code	City or Town / State / Zip Code
Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Inv. Code	Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Inv. Code
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

VEHICLE 1

Check if involved vehicle is:
☐ more than 96 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
Box 2 - Most Damage
Enter up to three more damage codes

1	2	3	4	5

Vehicle Bar Towed ☐

VEHICLE 2

Check if involved vehicle is:
☐ more than 96 inches wide
☐ more than 34 feet long
☐ operated with an overweight permit
☐ operated with an overdimension permit

VEHICLE 2 DAMAGE CODES

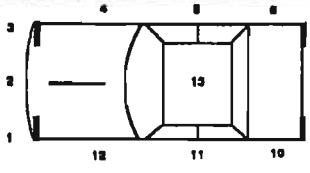
1	2	3	4	5

Vehicle Bar Towed ☐

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

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



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
1.	3.		5.	7.
Sideswipe (same direction)	Left Turn		Right Turn	Sideswipe (opposite direction)
2.	0.	4.	6.	8.

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:
	Lattitude/Northing:	County ERIE ☐ City ☐ Village ☐ Town of
	Longitude/Easting:	Road on which accident occurred (Route Number or Street Name)
		at 1) Intersecting street (Route Number or Street Name)
		or 2) feet miles N S E W of (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

WITNESS #1 - ROBERT D FITCH 106 EAST AVE ATTICA NY 14011 (585) 591-0209 Ext.

ALL INVOLVED

	8	9	10	11	12	13	14	15
A								
B								
C								
D								
E								
F								

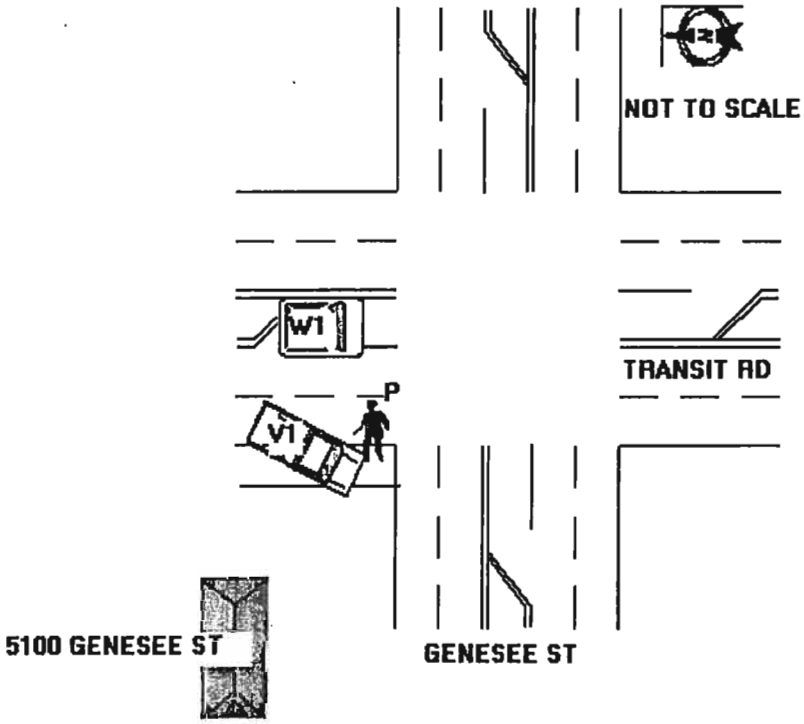
Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
P/O	0947	01455	----	--	Berecz, S	7/8/2013 09:08
Print Name in Full: J Bartoszek						

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes
13-327062
RMCH42002607

☐ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
Month	Day	Year								☐ Yes ☒ No
7	8	2013	Monday	23:41	1	1	0		☐