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

December 19, 2014

Ms. Karen McCarthy, Clerk
Erie County Legislature
92 Franklin Street. 4th Floor
Buffalo, New York 14202

Dear Ms. McCarthy:

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:	*Walker, Brenda L., Estate of, by Russell F. Walker v. County of Erie*
Document Received:	Notice of Claim
Name of Claimant:	Russell F. Walker 22 Singer Drive West Seneca, New York 14224
Claimant's attorney:	David W. Olson, Esq. Brown Chiari, LLP 5775 Broadway Lancaster, New York 14086

Should you have any questions, please call.

Very truly yours,

MICHAEL A. SIRAGUSA
Erie County Attorney

By: Michelle Parker
Michelle Parker
First Assistant County Attorney

MMP:dld
Enc.

STATE OF NEW YORK :
SUPREME COURT : COUNTY OF ERIE

RUSSELL F. WALKER, as Husband and Distributee
of the Estate of BRENDA L. WALKER

Claimant

vs.

NOTICE OF CLAIM

COUNTY OF ERIE

Respondent

TO: Michael Siragusa, Esq.
County of Erie
The Rath Building
95 Franklin Street, Room 1634
Buffalo, New York 14202

To whom it may concern:

PLEASE TAKE NOTICE, that the undersigned hereby makes claim and submits the following in compliance with the applicable statutes of the State of New York.

1. The claimant herein is RUSSELL F. WALKER, Husband and Distributee of the Estate of BRENDA L. WALKER, who resides at 22 Singer Drive, West Seneca, NY 14224.

2. The Claimant herein is represented by the law firm of BROWN CHIARI LLP, 5775 Broadway, Lancaster, New York 14086-2360.

3. That the subject claim is for personal injuries, medical expenses, lost wages and wrongful death sustained by reason of injury to BRENDA L. WALKER.

4. The incident giving rise to these damages occurred on September 24, 2014 at approximately 5:51 p.m. while the decedent, BRENDA L. WALKER, was operating a motor

vehicle at the intersection of Maple Road and West Blood Road, in the Town of Elma, County of Erie and State of New York.

5. The said damages for which claim is hereby made arose in the following manner, to wit:

On September 24, 2014, the claimant's decedent, BRENDA L. WALKER, was operating a motor vehicle northbound on Maple Road in the Town of Elma. The decedent's vehicle was traveling northbound on Maple Road near the aforesaid intersection with West Blood Road, while, at the same time, a vehicle being owned by Chem-Dry of Buffalo Niagara, d/b/a Unique Carpet Care, Inc. and operated by Daniel M. Gordon, was traveling westbound on West Blood Road at said intersection when the Gordon vehicle failed to yield at a stop sign, went through the intersection, and struck the decedent's vehicle. (See MV104-a report attached hereto as **Exhibit A**). The collision forced decedent's vehicle onto the shoulder/grass of West Blood Road, west of the intersection. (See photographs attached hereto as **Exhibit B**). The Respondent, County of Erie, was negligent in failing to properly design, construct, maintain and/or sign the aforesaid intersection so as to give motorists in all directions, and on all intersecting roads, proper visibility and adequate notice of other motorists and their direction of travel and conditions existing on the roads of the Respondent, and further in failing to properly design and install appropriate traffic control devices so as to provide proper warning, speed control, and notification of motorists of the traffic patterns and conditions.

6. That as a result of the accident the decedent, BRENDA L. WALKER, sustained a fracture of her left foot, an acute pulmonary embolus that caused her death on October 4, 2014, and her survivors have sustained pecuniary loss. (See certificate of death attached hereto as **Exhibit C**).

7. The subject claim is for a sum to be determined by a jury.

DATED: December 11, 2014

Russell F. Walker

Russell F. Walker

STATE OF NEW YORK)
COUNTY OF ERIE) ss:

On the 11th day of December, 2014, Russell F. Walker, being duly sworn, deposes and says that he is the claimant in this matter; that he has read the foregoing Notice of Claim and knows the contents thereof; that it is true to his personal knowledge, except as to matters stated to be upon information and belief, and as those matters he believes to be true.

Russell F. Walker

Russell F. Walker

Sworn to before me on this
11th day of December, 2014.

Notary Public

HEATHER M. KLING
NOTARY PUBLIC, STATE OF NEW YORK
No. 01KL6071318
QUALIFIED IN ERIE COUNTY
MY COMMISSION EXPIRES MARCH 18, 2018

CERTIFICATION

Pursuant to Part 130-1 of the Rules of the Chief Administrator, the undersigned attorney certifies that, to the best of my knowledge, information and belief, formed after inquiry reasonable under the circumstances, the presentation of this paper or the contentions therein are not frivolous as defined in subsection (c) of §130-1.1.

David W. Olson, Esq.
BROWN CHIARI LLP
Attorneys for
5775 Broadway
Lancaster, New York 14086-2360
(716) 681-7190

EXHIBIT A

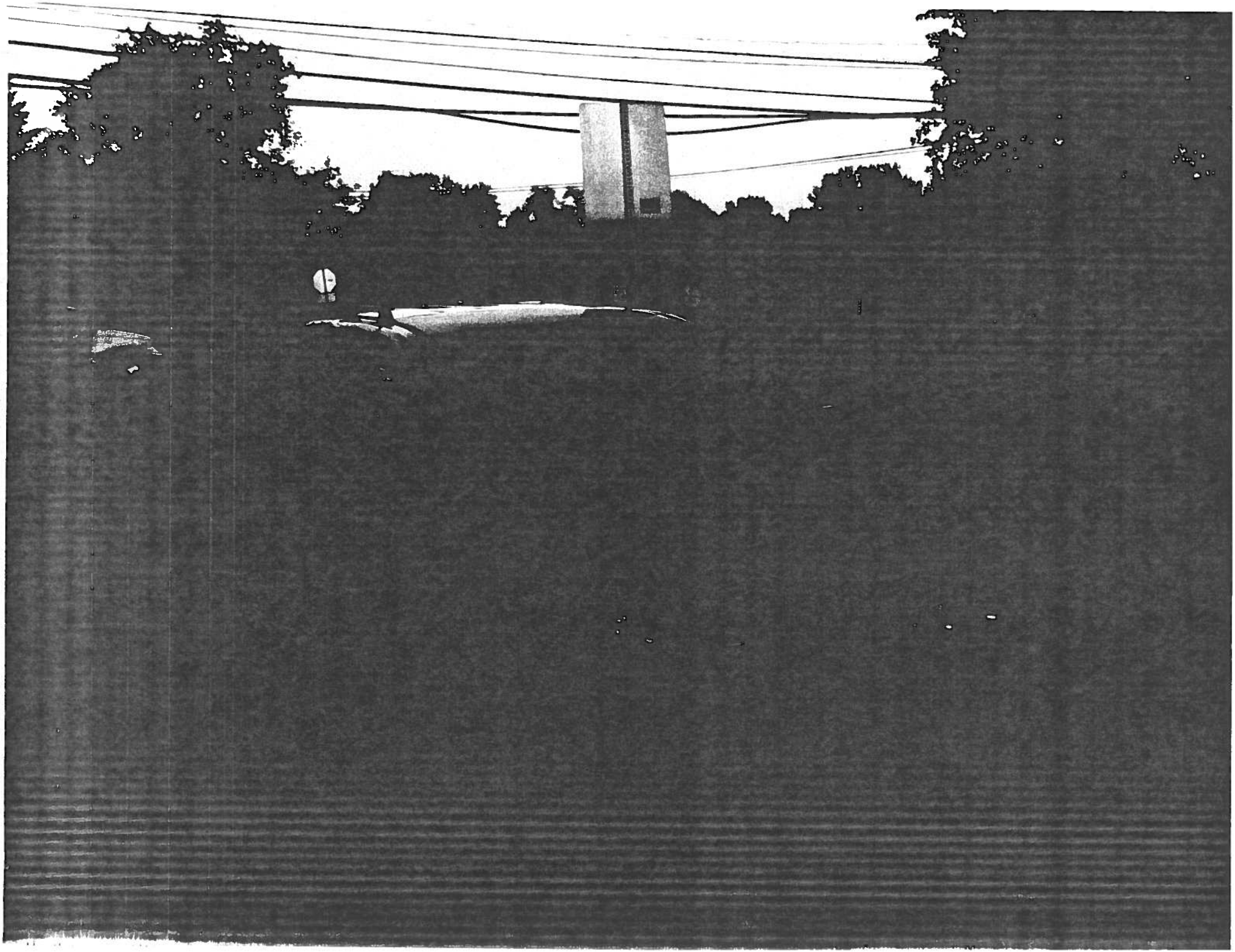


EXHIBIT B

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRAR NUMBER: 401 / 93540

1. NAME: FIRST Brenda MIDDLE L. LAST Walker
2. SEX: MALE ☐ FEMALE ☒
3A. DATE OF DEATH: MONTH 10 DAY 04 YEAR 2014
3B. HOUR: 8:21 A.m.
4A. PLACE OF DEATH (Check one): HOSPITAL DOA ☐ ER ☒ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☐ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify) ☐
4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR
4C. NAME OF FACILITY: (If not facility, give address) Mercy Hospital
4D. LOCALITY: (Check one and specify) CITY ☒ VILLAGE ☐ TOWN ☐ Buffalo
4E. COUNTY OF DEATH: Erie
4F. MEDICAL RECORD NO. 192723
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐
5. DATE OF BIRTH: MONTH Jul DAY 06 YEAR 1958
6A. AGE IN YEARS: 56 yrs.
6B. IF UNDER 1 YEAR ENTER: months days
6C. IF UNDER 1 DAY ENTER: hours minutes
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Buffalo, NY
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

DECEDENT

7A. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ 0 YES ☐ 1
7B. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the deceased is Spanish/Hispanic/Latino
A ☒ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the deceased considered himself or herself to be:
A ☒ White/Caucasian B ☐ Black or African American C ☒ Asian Indian D ☐ Chinese
E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese
J ☐ Native Hawaiian K ☐ Guamanian or Chamorro M ☐ Samoan
N ☐ American Indian or Alaska Native (specify)
P ☐ Other Asian (specify) R ☐ Other Pacific Islander (specify)
S ☐ Other (specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☒ High school graduate or GED
4 ☐ Some college credit, but no degree 5 ☐ Associate's degree 6 ☐ Bachelor's degree
7 ☐ Master's degree 8 ☐ Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: 110-54-0399
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4 SEPARATED ☐ 5
14. SURVIVING SPOUSE: (Enter birth name of spouse if married or separated) Russell F. Walker
15A. USUAL OCCUPATION: (Do not enter retired) Assembly Line Worker
15B. KIND OF BUSINESS OR INDUSTRY: Electronics Motor Plant
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Delevan Electronics East Aurora, NY
16A. RESIDENCE: (State or Country if not USA) NY
16B. County or Region/Province if not USA: Erie
16C. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ West Seneca
16D. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☐ NO ☐ IF NO, SPECIFY TOWN
16E. STREET AND NUMBER OF RESIDENCE: 22 Singer Drive
16F. ZIP CODE: 14224
17. BIRTH NAME OF FATHER / PARENT: FIRST D'Arcy MI LAST Souder
18. BIRTH NAME OF MOTHER / PARENT: FIRST Eleanor MI LAST Garry
19A. NAME OF INFORMANT: Russell F. Walker
19B. MAILING ADDRESS: (include zip code) 22 Singer Drive, West Seneca, NY 14224

DISPOSITION

20A. 1 ☒ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD DAY 5 ☐ DONATION 6 ☐ ENTOMBMENT — MONTH 10 DAY 09 YEAR 2014
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Matthews Cemetery
20C. LOCATION: (City or town and state) West Seneca, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Curtin Funeral Home, Inc., 1340 Union Road, West Seneca, NY 14224
21B. REGISTRATION NUMBER: 00398
22A. NAME OF FUNERAL DIRECTOR: Charles M. Curtin, Jr.
22B. SIGNATURE OF FUNERAL DIRECTOR: [signature]
22C. REGISTRATION NUMBER: 10799
23A. SIGNATURE OF REGISTRAR: [signature]
23B. DATE FILED: MONTH 10 DAY 07 YEAR 2014
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: [signature]
24B. DATE ISSUED: MONTH 10 DAY 07 YEAR 2014

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: Scott F. LaPoint, MD
License No.: 220595
Signature: [signature]
Month 10 Day 06 Year 2014
Certifier's Title: 0 ☐ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☒ Medical Examiner / Deputy Medical Examiner
Address: 501 Kensington Ave. Buffalo, NY 14214
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
Month Day Year
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:
26A. Attending physician attended deceased: FROM Month Day Year TO Month Day Year
26B. Deceased last seen alive by attending physician: Month Day Year
26C. Pronounced Dead ON Month 10 Day 04 Year 2014 AT Time 8:21 A. M
27. MANNER OF DEATH: NATURAL CAUSE ☐ 1 ACCIDENT ☒ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☐ NO 1 ☒ YES
29A. AUTOPSY? NO ☐ 0 YES ☒ 1 REFUSED ☐ 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☒ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE:
(A) Acute pulmonary embolus
DUE TO OR AS A CONSEQUENCE OF:
(B) Immobilized left foot fracture
DUE TO OR AS A CONSEQUENCE OF:
(C) Motor vehicle accident
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☐ NO 1 ☐ YES 2 ☐ PROBABLY 3 ☒ UNKNOWN
31A. IF INJURY, DATE: MONTH 09 DAY 24 YEAR 2014
HOUR: 5:51 P. m
31B. INJURY LOCALITY: (City or town and county and state) TN, ELMA, ERIE, NY
31C. DESCRIBE HOW INJURY OCCURRED: DRIVER OF VAN THAT WAS STRUCK BROADSIDED BY ANOTHER VAN
31D. PLACE OF INJURY: ROADWAY
31E. INJURY AT WORK? NO ☒ 0 YES ☐ 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 ☒ Driver/Operator 2 ☐ Passenger 3 ☐ Pedestrian
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☒ 0 YES ☐ 1
33A. IF FEMALE: 0 ☒ Not pregnant within last year 1 ☐ Pregnant at time of death 2 ☐ Not pregnant, but pregnant within 42 days of death
33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution:
NAME OF DECEDENT: BRENDA L. WALKER 2156-14
DATE OF DEATH: AM/PM
TIME OF DEATH:

EXHIBIT C

ABS-7 (5/11) Page 1 of 2 Pages

Local Codes

SP2A243JDTQ9

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

19 7

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
09	24	2014	Wed	17:51	2	1	0		☐	☐ Yes ☒ No

20 62

VEHICLE 1	VEHICLE 2 ☒ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN
VEHICLE 1 - Driver License ID Number: 863383977 State of Lic.: NY	VEHICLE 2 - Driver License ID Number: 763616617 State of Lic.: NY
Driver Name - exactly as printed on license: GORDON, DANIEL M	Driver Name - exactly as printed on license: WALKER, BRENDA L
Address (Include Number & Street): 128 LEDYARD AVE Apt. No.	Address (Include Number & Street): 22 SINGER DR Apt. No.
City or Town: DEPEW State: NY Zip Code: 14043	City or Town: W SENECA State: NY Zip Code: 14224
Date of Birth: Month 08 Day 19 Year 1987 Sex: M Unlicensed ☐ No. of Occupants: 1 Public Property Damaged ☐	Date of Birth: Month 07 Day 06 Year 1958 Sex: F Unlicensed ☐ No. of Occupants: 1 Public Property Damaged ☐
Name–exactly as printed on registration: unique;carpet;care;inc, Sex: C Date of Birth: Month Day Year	Name–exactly as printed on registration: walker, russell f Sex: M Date of Birth: Month 12 Day 24 Year 1960
Address (Include Number & Street): 63 BENBRO DR Apt. No. Haz. Mat Code Released ☐	Address (Include Number & Street): 22 SINGER DR Apt. No. Haz. Mat. Code Released ☐
City or Town: CHEEKTOWAGA State: NY Zip Code: 14225	City or Town: W SENECA State: NY Zip Code: 14224
Plate Number: 39004MB State of Reg.: NY Vehicle Year & Make: 2011 CHEV Vehicle Type: VAN Ins. Code: 113	Plate Number: GUA9301 State of Reg.: NY Vehicle Year & Make: 2004 HOND Vehicle Type: VAN Ins. Code: 220
Ticket/Arrest Number(s): 2A243JDWMW	Ticket/Arrest Number(s):
Violation Section(s): 1140A	Violation Section(s):

1 - 2 - 3 3 - 4 1 - 5 1 - 6 1 - 7 1 - 21 - 22 - 23 7 - 24 1 - 25 1 - 26 1 - 27 1 - 28 1 - 29 17 - 30 -

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

Box 1 - Point of Impact	1	2	
Box 2 - Most Damage	1	1	
Enter up to three more Damage Codes	3: 2	4: 3	5: 10

Vehicle Towed: By BACHS To BACHS

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

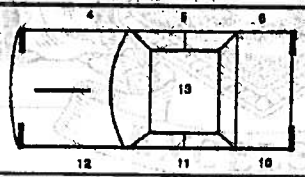
Box 1 - Point of Impact	3	3	
Box 2 - Most Damage	1	2	
Enter up to three more Damage Codes	3: 3	4: 2	5: 1

Vehicle Towed: By CARMASTER To CARMASTER

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

ACCIDENT DIAGRAM

See the second page 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: 203819
	Longitude/Easting: 4744088

Place Where Accident Occurred:

County ERIE ☐ City ☐ Village ☒ Town of ELMA, TOWN OF

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

at 1) Intersecting street W BLOOD RD (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

V-1 W/B ON WEST BLOOD RD FAILS TO YIELD RIGHT OF WAY AT STOP SIGN AND PROCEEDS INTO INTERSECTION.
V-2 N/B ON MAPLE RD IS UNABLE TO AVOID V-1 AND STRIKES SAME. BOTH VEHICLE EXIT ROADWAY IN A
NORTHWEST DIRECTION. V-1 COMES TO REST IN BERNERS FARM MARKET CAUSING DAMAGE TO MULTIPLE PUMPKINS
AND DISPLAY STAND AS WELL AS TIMBER LANDSCAPING. V-2 COMES TO REST ON SHOULDER OF WEST BLOOD ROAD

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	01	1	4	1	27	M	-	-	-			GORDON, DANIEL M	
B	02	1	A	1	56	F	11	12	6	9997	1418	WALKER, BRENDA 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
TPR	3334	11405	A2	21	LIGHTCAP, VINCE	10/04/2014 05:40
Print Name in Full: WILLIAM D HAGER						

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

Barbara J. Fiala
COMMISSIONER OF MOTOR VEHICLES

ABS-7 (5/11) Page 2 of 2 Pages

Local Codes

SP2A243JDTQ9

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

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
09	24	2014	Wed	17:51	2	1	0			

VEHICLE 1 | ☐ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

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

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 95 inches wide;
☐ more than 34 feet long;
☐ operated with an overweight permit;
☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

Box 1 - Point of Impact
Box 2 - Most Damage
Enter up to three more 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 1. | Left Turn 3. | Right Angle X 4. | Right Turn 5. | Head On 7.
Sideswipe (same direction) 2. | Left Turn 0. | Right Turn 6. | Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM

See the second page 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: 203819
Longitude/Easting: 4744088

Place Where Accident Occurred:
County ERIE ☐ City ☐ Village ☒ Town of ELMA, TOWN OF
Road on which accident occurred MAPLE RD (Route Number or Street Name)
at 1) Intersecting street W BLOOD RD (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

WEST OF THE INTERSECTION. V-1 DAMAGED STOP SIGN AT INTERSECTION. ERIE COUNTY D.O.T. NOTIFIED. OWNER OF BERNERS FARM MARKET PRESENT AND AWARE OF DAMAGE TO BUSINESS. - WITNESS 1 SCHAUB, DEAN R 6142 NORTHWOODS RD ARCADE NY 14009 7167251545 - WITNESS 2 SCHAFER, JEFFREY H 791 MAPLE RD EAST AURORA NY 14052 7166528839 7168702209

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													

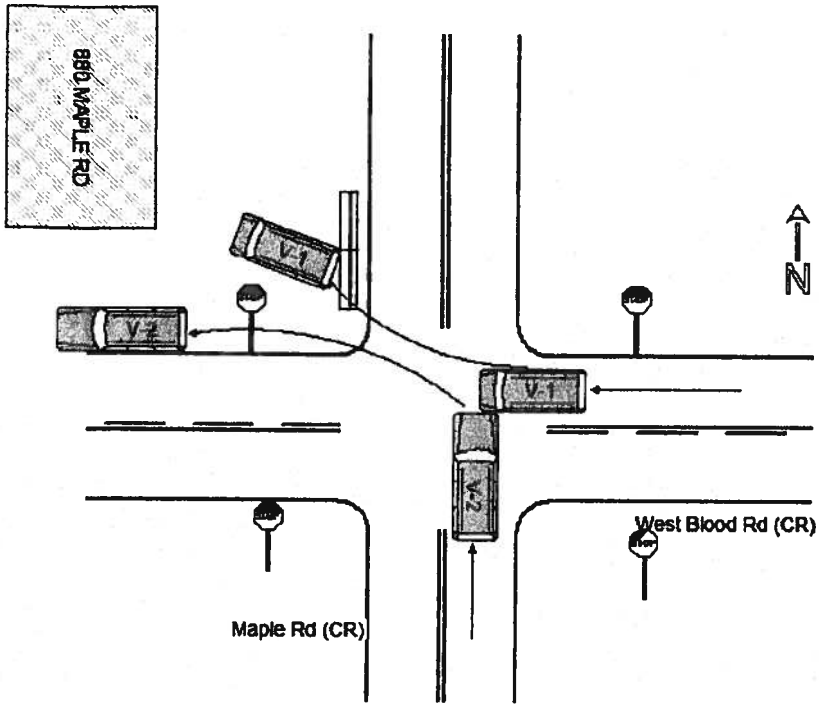
Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
TPR	3334	11405	A2	21	LIGHTCAP, VINCE	10/04/2014 05:40

Print Name In Full: WILLIAM D HAGER

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

Barbara J. Fiala
COMMISSIONER OF MOTOR VEHICLES

ABS-7 (5/11)



EXCELSIOR

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

Barbara J. Fiala
COMMISSIONER OF MOTOR VEHICLES