



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

**TRANSPORTATION SCIENCES CENTER
ACCIDENT RESEARCH GROUP**

**Calspan SRL Corporation
Buffalo, New York 14225**

**CALSPAN REMOTE SCHOOL BUS PEDESTRIAN FATALITY CRASH
INVESTIGATION**

CALSPAN CASE NO. 94-40

VEHICLE - 1983 INTERNATIONAL SCHOOL BUS

LOCATION - STATE OF

CRASH DATE - 1994

Contract No. DTNH22-94-D-07058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

TECHNICAL REPORT STANDARD TITLE PAGE

<p>1. <i>Report No.</i> 94-40</p>	<p>2. <i>Government Accession No.</i></p>	<p>3. <i>Recipient's Catalog No.</i></p>	
<p>4. <i>Title and Subtitle</i> Calspan Remote School Bus Pedestrian Fatality Crash Investigation Vehicle #1 - 1983 International School Bus Location - State of</p>		<p>5. <i>Report Date:</i> 1996</p>	
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<p>7. <i>Author(s)</i> Accident Research Group</p>		<p>8. <i>Performing Organization Report No.</i></p>	
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		<p>14. <i>Sponsoring Agency Code</i></p>	
<p>15. <i>Supplementary Notes</i> Remote investigation of a school bus crash that resulted in a pedestrian fatality.</p>			
<p>16. <i>Abstract</i> A single vehicle crash involving a 1983 International school bus and a fourteen year old female pedestrian. The school bus driver, a 61 year old male, backed the vehicle through an intersection while attempting to park along the north curb and struck the female pedestrian with the rear bumper. The school bus continued rearward and ran over the pedestrian with it's right rear tires. A witness shouted to the driver to stop. The driver may have misinterpreted the warning of the witness and subsequently shifted the bus into forward gear, running over the female pedestrian a second time. She was taken to a nearby hospital where she was pronounced DOA.</p>			
<p>17. <i>Key Words</i> School bus Backing motion Pedestrian Fatal injuries</p>		<p>18. <i>Distribution Statement</i> General Public</p>	
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**CALSPAN REMOTE SCHOOL BUS PEDESTRIAN FATALITY CRASH
INVESTIGATION**

CALSPAN CASE NO. 94-40

VEHICLE - 1983 INTERNATIONAL SCHOOL BUS

LOCATION - STATE OF

CRASH DATE - 1994

This investigation was initiated in response to a notification received from the National Highway Traffic Safety Administration (NHTSA) that a fourteen year old female pedestrian had been struck by a backing school bus and subsequently sustained fatal injuries. The focus of the investigation was to determine if the cause of the crash was related to the school bus safety equipment (e.g. warning signals, mirrors, and/or human error). The investigation was conducted as a remote investigation.

SUMMARY

This school bus/pedestrian crash involved a fourteen year old girl who was fatally injured when she was run over by a 1983 International school bus (Vehicle #1) which was driven by a 61 year male driver. The crash occurred in November of 1994 in the morning hours on an urban, dry, level, straight asphalt street at a four leg intersection. The ambient conditions were overcast and dry with no adverse weather conditions.

Vehicle #1 was traveling in a southbound direction when it made a right turn at the four leg intersection. The vehicle stopped and backed through the intersection to a parking space adjacent to the curb on the on the right side of the roadway. The pedestrian was struck by the rear bumper and run over by the right side rear tire. She was taken to a local hospital where she arrived DOA.

Vehicle #1 was examined for vehicle safety at the scene by the investigating police agency. Two citations were issued for the following violations:

- No DOT inspection
- No back up warning beepers

Vehicle #1 was driven from the scene and returned to the school bus parking area where it was inspected by Vehicle Safety Inspectors of the State Department of Transportation. The vehicle was taken out of service as the result of the following violations:

- Exhaust leak
- Right front relay valve air leak
- Right rear brake (Type 30/30 chamber) 5.4 cm (2 1/8") maximum stroke - out of adjustment

CRASH DEMOGRAPHIC DATA	
Location:	Four leg intersection
State:	State of
Area/Type:	Urban/Commercial
Investigating Police Agency:	City police
Accident type:	School bus/pedestrian
Pedestrian Injury Severity:	Fatal
AMBIENCE	
Viewing Conditions:	Daylight
Weather:	Overcast
Road Surface:	Dry
HIGHWAY	
Type:	Local street
Number of Lanes:	2
Width:	Unknown
Surface:	Asphalt
Median:	None
Edge:	Concrete curb/sidewalk
Vertical Alignment:	Flat
Horizontal Alignment:	Straight
TRAFFIC CONTROLS	
Signals:	None
Signs:	None
VEHICLE #1 DESCRIPTION	
Description:	1983 International School Bus
V.I.N.:	1HVBA172DH (Serial # omitted)
Color:	Yellow

VEHICLE #1 DESCRIPTION (continued)	
Defects:	No back up warning beepers No DOT inspection Exhaust leak Right front relay valve air leak Right rear brake (Type 30/30 chamber) 5.4 cm (2 1/8") maximum stroke - out of adjustment
Tow Status:	Driven from scene

VEHICLE DATA

Vehicle #1 was a 1983 International School Bus which was owned by a local private school which was also the school attended by the pedestrian. It was a standard type full size school bus with a 60 child seating (12 standing) capacity. The vehicle identification number (VIN) was 1HVBA172DH (serial # omitted). The safety equipment included the full complement of lights and two fisheye rearview mirrors on the left and right front fenders. There were no mirrors on the back of the vehicle.

Following the crash Vehicle #1 was examined by one of the responding police officers and found to have two violations. Summonses were issued by the police included: no DOT inspection; and no back up warning beepers. There was no damage to the vehicle.

Further inspection by the Vehicle Safety Inspectors of the State Department of Transportation revealed an exhaust leak, a right front relay valve air leak, and a right rear brake out of adjustment. The vehicle was subsequently taken out of service.

PEDESTRIAN DATA

The pedestrian was a 14 year old female who had stepped off the curb behind Vehicle #1 as it was backing. Her location was approximately 6.1 m (20.0') east of the four leg intersection in the westbound travel lane at the time of the crash. She was a student of the school to which Vehicle #1 was registered. It was not clear whether the pedestrian was en route to the school or if she had departed the school on an early dismissal.

CRASH DATA

Pre-crash

Vehicle #1 was traveling in a southbound direction on a one way roadway just north of an intersecting two lane, two way undivided roadway. At the intersection, Driver #1 who was a 61 year old male and possessed a valid State CDL Class B license, turned right in a westbound

direction, stopped, and proceeded to travel in reverse. Vehicle #1 crossed back through the intersection and attempted to park at the right side curb on the north side of the two lane roadway. The female pedestrian who was located approximately 6.1 m (20.0') east of the intersection on the north side of the roadway may have stepped off the curb in south direction and enter the area where Driver #1 was attempting to park. The pedestrians back was reportedly toward the bus at the time of the crash.

Crash

Vehicle #1 struck the fourteen year old pedestrian with the rear bumper, knocking her down then passing over her body with the right rear wheels. A nearby witness reportedly shouted to the driver of Vehicle #1 to stop. The driver reportedly complied, but may have become confused with the warning because the driver then proceeded forward and ran over the pedestrian a second time.

Post crash

The fourteen year old pedestrian was transported to a local hospital where she was pronounced DOA. Vehicle #1 was examined at the scene for violations by a responding police officer. The following violations were uncovered and summonses were issued for the following:

- No DOT Inspection
- No Back Up Warning Beepers

The vehicle was driven to the school bus parking area where it was inspected by the Safety Inspectors of the State Department of Transportation. It was found to have the following violations and taken out of service.

- Exhaust leak
- Right front relay valve air leak
- Right rear brake (Type 30/30 chamber) 5.4 cm (2 1/8") maximum stroke - out of adjustment

BEST AVAILABLE

Date of Orig. Report: 94 Date Assigned: 94 Case No.: 494-90 Unit Reporting: Accident Investigation Sq. Follow-Up No.: 1

Complainant's Name - Last, First, M.I. Victim's Name - If Different

Last Name, First, M.I. Address, include City, State, Zip Apt. No.

Home Telephone Business Telephone Position / Relationship Sex Race Date of Birth Age

Total No. of Perpetrators Wanted Arrested Weapon Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)

Wanted Arrested Last Name, First, M.I. Address, include City, State, Zip Apt. No. Res. Pct.

Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.

Eyeglasses Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")

Wanted Arrested Last Name, First, M.I. Address, include City, State, Zip Apt. No. Res. Pct.

Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair NYSID No.

Eyeglasses Sunglasses Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")

AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."

Comp. Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

Witness Interviewed In Person By Phone Date Time Results: Same as Comp. Report - Different (Explain in Details)

Canvass Conducted If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results Crime Scene Visited If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained

Complainant Viewed Photos Results: Yes Refused Future

Witness Viewed Photos Results: Yes Refused Future

Crime Scene Dusted By (Enter Results in Details) Crime Scene Photos By (Enter Results in Details)

If Closing Case "No Results," Check Appropriate Box and State Justification in Details: C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted

DETAILS:

Investigation: Motor Veh. Acc.-ped. Fatal

Subject: Details Of Accident

1. On 94 at approx. 0933 hrs. there occurred a fatal motor vehicle accident involving a pedestrian on just east of in the confines of the The facts as they were reported to the u/s are as follows. Veh.#1 a 1983 International Bus Reg. owned by and operated by of was traveling W/B on at At this location the Oper. Veh.#1 states that he attempted to park Veh.#1 at the S/E corner of the intersection. Veh.#1 at a slow rate of speed and in reverse attempted to back up and park at the curb striking a pedestrian identified as D.O.B. of who had stepped off the curb at the rear of Veh.#1. Veh.#1 knocked the pedestrian over running her over with the rear right side tire.

2. The pedestrian was transported to by EMS where she expired from her injuries.

3. P.O. was present at the scene and prepared Acc. and Complaint Rpt.

4. P.O. was present at the scene and conducted an on scene investigation preparing a Motor Veh. Acc. and Mechanism Rpt., taking photo's of the scene and preparing a diagram.

CONT. PG. 2 of 2.....

CASE: ACTIVE CLOSED DATE REVIEWED / CLOSED 94 IF ACTIVE, DATE OF NEXT REVIEW 94
 REPORTING OFFICER: RANK Det. SIGNATURE NAME PRINTED TAX REG. NO. COMMAND
 REVIEWING / CLOSING SUPERVISOR: CASE ENTER DESIGNATION SIGNATURE C.O.'s INITIALS
 CLOSED: C OR B

DETAILS

5. The u/s and _____ were present at the scene of this accident to assist with the on scene investigation. The u/s interviewed the following individuals recording their statements onto _____

Witness-
Oper.#1-

6. An alco-sensor test was administered to the Oper. Veh.#1 _____ by P.O. _____ at 1050 hrs. at the scene of this accident. The results indicated a .00% B.A.C.

7. A DMV check through the finest system on the Oper. Veh.#1 _____ reveals he has a valid _____ License Class CDL *B* Expiring _____ 98.

8. A canvass was conducted by the u/s at the following locations with the results noted.

- Ave.- _____ states he did not witness the accident take place he had just opened his store. Neg. Results.
- Ave.- _____ did not see accident happen & did not call the Police. Neg. Results.
- Ave.- _____ did not witness the accident take place. Neg. Results.

9. _____ was present at the scene and conducted an examination of Veh.#1 for any violations. The following violations were uncovered and summonses were issued as follows.

- Summons _____ DOT Inspection
- Summons _____ -No Back Up Warning Beepers

10. This case will be forwarded to _____ for their continued investigation.
CASE ACTIVE.....

Case Reviewed/Active

CASE		DATE REVIEWED/CLOSED		IF ACTIVE, DATE OF NEXT REVIEW	
<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		94		94	
REPORTING OFFICER	RANK	SIGNATURE	NAME PRINTED	TAX REG. NO.	COMMAND
REVIEWING/CLERK SUPERVISOR	Det.		Conkling		H.D.AIS
CASE		ENTER DESIGNATION		SIGNATURE	
CLOSED:		OR B		C.O.'s INITIALS	

Military Time and Date of This Report	Time of Occurrence	Date	Day of Week	Occurrence Through	Date
1000	94	09/23	94		

Offense(s) If Any: **INVESTIGATION/ACCIDENT/DOA**

P.L. Section: _____

If fire related, was structure: Occupied Vacant Yes No Attempt

Last Name: First: **M.I.** Address, include City, State, Zip _____ Apt. No. _____

Home Telephone _____ Business Telephone _____

Actions of Victim Prior to Robbery, Larceny or Sex Crimes _____ Aided/Acc. No. _____

34 Victim's Sex	35 Age	37 Victim's Race	37A Living Together?	38 Can Identify?	38A Victim Was:	39 Comp. Rec'd	Will View Photo?
1-Male 2-Female 3-Corp 4-Stat's	14	1-White 2-Black 3-Amer. Ind. 4-Asiatic 5-Hisp./White 6-Hisp./Black	1-Yes 2-No	0-If No. If yes, indicate if victim states parp. is: 1-Spouse 2-Common Law Spouse 3-Child 4-Parent/Guardian 5-Other Relative 6-Friend 7-Stranger 8-Other	1. Shot 2. Stabbed 3. Both	1-Radio 2-Walk-in 3-Phone 4-Written 5-Pick-up	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

Reporter: Witness: Last Name: First: _____ Address, include City, State, Zip _____ Apt. No. _____

Home Telephone _____ Business Telephone _____

Position / Relationship: **father** Sex: **M** Race: **WH** Date of Birth: _____ Age: _____

Type of Location (Specific): **Street** Address / Location of Occurrence _____

41 Sector / Beat / Post of Occ.: **E 11** 44 Visible by Patrol: Yes No

53 Pct of Arrest _____ 56 Arrest No.'s _____ 61 Rep. Ag'cy Code: **00** Det. Sqd. Case No. _____

Evidence _____ Voucher No. _____ Case Status: Open Closed Unit Referred To: **25 XPRH/HIGHWAY/RES** Log No. _____

Plate: Lost Stolen License No. _____ State _____ Exp. **95** Type: **BUS** No. of Plate: **2** Vin No.: **1HVBA172DH**

Year: **83** Make: **INTER** Model: **BUS** Style: **SCHOOL** Color: **YELLOW** Value _____ Ins. Code _____ Policy No. _____

Voucher No. _____ Vehicle was: Used In Crime Stolen Alarm No. _____ Pct. _____ Time _____ Date _____

THIS AREA FOR MISD CODER USE ONLY.

3. Coder ID _____ 33. Time Code _____ 40. Loc Code _____ 45. PD Code _____

48. Burg/Larc _____ 49. Weapon _____ 50. Clear _____

LOST: STOLEN: If stolen, was property: Business Personal Both Owner Identification No. _____

Quantity	Article	Description—Brand, Model, Serial No.	Item	64 Value Stolen	66 Value Recovered	72 Value Recovered
			Motor Vehicle	01		
			M V Rec'd By Or For Other Auth	02		
			Currency	04		
			Jewelry	05		
			Furs, Clothing	06		
			Firearms	07		
			Office Equip.	08		
			TV's Radio Cameras Household Goods	09		
			Consumables	11		
			Misc.	13		

Total No. of Perpetrators: _____ Wanted: _____ Arrested: _____ Weapon: Used Possessed Describe Weapon (If firearm, give color, make, calibre, type, model, etc.) _____

Perp. No. 1: Wanted: _____ Arrested: _____ Last Name, First, M.I.: _____ Address, include City, State, Zip _____ Apt. No. _____ Res. Pct. _____

Sex: _____ Race: _____ Date of Birth: _____ Age: _____ Height: _____ Ft. _____ In. _____ Weight: _____ Eye Color: _____ Hair Color: _____ Hair Length: _____ Facial Hair: _____ Accent: _____

Glasses: Eye Sun Nickname, First Name, Alias: _____ Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") _____

Perp. No. 2: Wanted: _____ Arrested: _____ Last Name, First, M.I.: _____ Address, include City, State, Zip _____ Apt. No. _____ Res. Pct. _____

Sex: _____ Race: _____ Date of Birth: _____ Age: _____ Height: _____ Ft. _____ In. _____ Weight: _____ Eye Color: _____ Hair Color: _____ Hair Length: _____ Facial Hair: _____ Accent: _____

Glasses: Eye Sun Nickname, First Name, Alias: _____ Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") _____

List Additional Victims & Witnesses — Reconstruct Occurrence including Method of Entry & Escape — Include Unique or Unusual Actions

AT ABOVE T/P/O VICTIM WAS STRUCK BY A BUS THAT WAS BACKING-UP. VICTIM WAS DOA AT 1012 HRS 94.. Driver VICTIM WAS REMOVED TO MEDICAL CENTER BY EMS on Scene. Accident Investigation.. NOTIFIED ..

Pct. Latent Print Team: Yes No Crime Prevention Survey: Yes No Complaint Report Prepared By: _____ Title: _____ Command: **066**

Reporting/Investigating Officer's Rank, Signature: _____ Name Printed: _____ Tax Registry No.: _____ Command: **066**

Supervisor Approving: _____ Tax Registry No.: _____ Command: _____

State Department of Motor Vehicles
POLICE ACCIDENT REPORT

Page 1 of 1 Pages
Precinct
Accident No.

DATE OF DEATH: 03/05/10

2 Accident Date: 04/10/04 Day of Week: 0933 No. of Veh: 1 No. Injured: 0 No. Killed: 0

3 VEHICLE 1: Name: [Redacted] BSV: [Redacted] License: [Redacted] State: [Redacted] Zip Code: [Redacted]

3 VEHICLE 2: Name: [Redacted] BSV: [Redacted] License: [Redacted] State: [Redacted] Zip Code: [Redacted]

1 Driver 1: DOB: 03/23/33 Sex: M Unlicensed: [] No. of Occup: 1 Public Property Damaged: [] State of Lic: [Redacted]

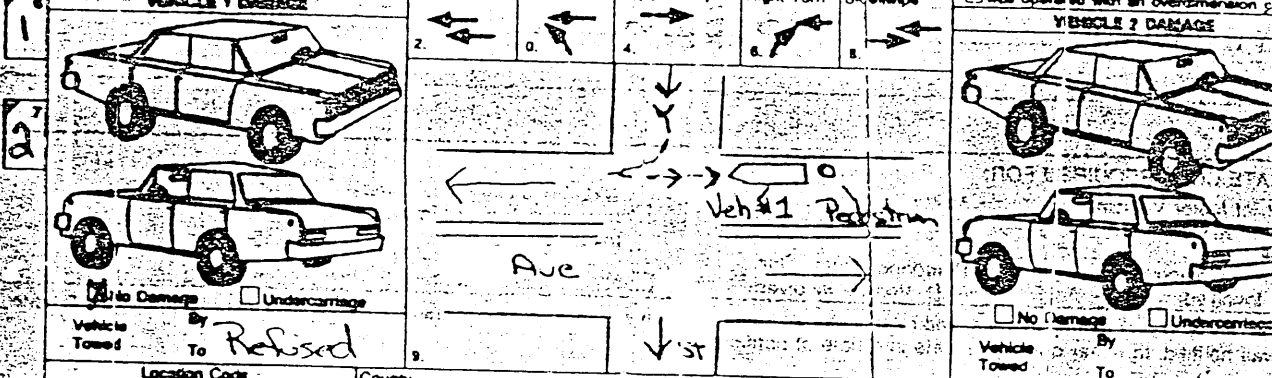
1 Driver 2: DOB: 08/30/80 Sex: F Unlicensed: [] No. of Occup: 1 Public Property Damaged: [] State of Lic: [Redacted]

4 Plate Number: 93 Inter Yr & Vehicle Make: Bus Vehicle Type: Bus Ins. Code: [Redacted] State: [Redacted] Zip Code: [Redacted]

4 Pedestrian: Name: [Redacted] State: [Redacted] Zip Code: [Redacted]

5 Check if involved vehicle:
 is a commercial motor vehicle, is more than 25 inches wide, is more than 34 feet long,
 was operated with an overweight permit,
 was operated with an oversize permit.

5 Check if involved vehicle:
 is a commercial motor vehicle, is more than 25 inches wide, is more than 34 feet long,
 was operated with an overweight permit,
 was operated with an oversize permit.



7 Location Code: [Redacted] County: [Redacted] (Front, Kings, New York, Queens, Richmond)

7 Route No. and Street Name: Ave 20 St

7 Direction: N, S, E, W

7 Ticker/Arrest: [Redacted] Ticker/Arrest Number(s): [Redacted]

8 Accident Description/Officer's Notes: At Above TIPIO witness state that bus was traveling SIB on [Redacted] when bus made a Right turn onto [Redacted] then began to backup on [Redacted] when a pedestrian was standing in street. Pedestrian had back to the backing bus when backed over pedestrian. Witness got the Drivers attention and bus began to move forward over pedestrian once again.

9	9	10	11	12	13	14	15	16	17	18
A	1	4	1	61	M	-	13	6	BWA	
B	-	-	-	14	F			1	6715 7127	
C										
D										
E										
F										
G										

9 Officer's Rank and Name: [Redacted] Badge No.: [Redacted] Department: [Redacted] Precinct: [Redacted] Post/Sector: [Redacted] Reviewing Officer: [Redacted] Date/Time Rev'd: [Redacted]

PERSONS KILLED OR INJURED IN ACCIDENT*

(Enter designation of persons killed or injured next to name with last digit of police or

A Last Name First M.I.	B Last Name First M.I.
Address	Address
C Last Name First M.I.	D Last Name First M.I.
Address	Address
Highway Dist. of Owner <input type="checkbox"/> Yes <input type="checkbox"/> No Name:	

*ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD (Injured class only)
Vehicle No. 1
Vehicle No. 2

WITNESSES (Attach separate sheet, if necessary)

Name	Address

DUPLICATE COPY REQUIRED FOR:

<input checked="" type="checkbox"/> Dept. of Motor Vehicles (Person Killed/Injured)	<input type="checkbox"/> Motor Transport Division (P.D. Vehicle Involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (Licensed Taxi or Limousine Involved)	<input type="checkbox"/> Other City Agency (Specify)
<input type="checkbox"/> Office of Comptroller (City Involved)	<input type="checkbox"/> Personnel Safety Unit (P.D. Vehicle Involved)	<input type="checkbox"/> NYS Thruway Authority	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If called person is hospitalized, list date of hospitalization. Squad was notified. In either case, give date and time of notification.)
on scene at hospital

PROPERTY DAMAGED (other than vehicles)	OWNER OR PROPERTY (Include City Agency, where appropriate)

IF VEHICLE IS INVOLVED:

Police Vehicle—Operator's First Name	Last Name	Rank	Station No.	Team/Car No.	Assigned to Detail/Other
Make of Vehicle	Year	Type of Vehicle	Reg. No. (if Any)	Dept. No.	

EQUIPMENT IN USE AT TIME OF ACCIDENT

Siren Horn Turn Light 4-Way Flasher Hi-Lo Beam Warning Lights Traffic Cones Reflectors

ACTIONS OF POLICE VEHICLE

Responding to Code Signal
 Pursuing Violator
 Other (Describe)

Copying with Station House D. Copy
 Routine Patrol