

TB-15A (2/99) PREVENTABLE DIVISION VEHICLE ACCIDENT-REPORT OF ADJUDICATION

VAN 05664		DATE OF ACCIDENT/INCIDENT April 11, 2009	
TIME OF ACCIDENT/INCIDENT 9:30 pm		VEHICLE PLATE NUMBER BBC 3877	
DRIVER'S NAME (FIRST, MI, LAST) Joseph C. Kolek			
SHIELD NUMBER 4853	STATION ESD / NYC	ORIGINAL FILE # 3 #ms# ESD/NYC-88000012	
<p><u>INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE REVERSE SIDE</u></p> <p>I. Type(s) of Adjudication</p> <p>_____ 01 - Clinical Phase</p> <p>_____ 02 - Troop instruction - Troop Safety Officer or Traffic Supervisor</p> <p>_____ 03 - EVOC assignment and Clinical phase</p> <p>_____ 04 - NO disciplinary action</p> <p>_____ 05 - Counselling</p> <p><input checked="" type="checkbox"/> 06 - Censure</p> <p><input checked="" type="checkbox"/> 07 - Vacation Days (number) <u>2</u></p> <p>_____ 08 - Probation</p> <p>_____ 09 - Suspension without pay</p> <p>_____ 10 - Termination</p> <p>_____ 11 - Other (specify) _____</p> <p>II. Date of Adjudication <u>06/19/2009</u></p>			
APPROVED BY S. Loughman	RANK Captain	DATE 6/19/09	

HARRY CORBITT
SUPERINTENDENT



NEW YORK STATE POLICE
CONCOURSE LEVEL - EMPIRE STATE PLAZA
ALBANY, NEW YORK 12242

LETTER OF CENSURE

June 19, 2009

Trooper Joseph C. Kolek
Executive Services Detail/New York City
633 3rd Avenue
New York, N.Y. 10017

Dear Trooper Kolek:

On June 19, 2009, you appeared before me at ESD/Albany to adjudicate a Division Vehicle Accident you were involved in on April 11, 2009. You previously agreed to accept my determination in this matter.

My review of the investigation conducted concludes me to believe that this accident was "preventable" on your part. You were reminded of your responsibility to the safety of the public and to yourself for the safe operation of Division vehicles at all times.

Your conduct violated Regulation 8B5 of the Division

Accordingly you are officially censured for your actions and assessed the loss of 2 days annual leave.

Sincerely,

A handwritten signature in cursive script that reads "Lisa D. Loughran".

Lisa D. Loughran
Captain
Assistant Detail Commander- ESD Albany/NYC

NEW YORK STATE POLICE

MEMORANDUM

Troop H Station ESD

Date June 19, 2009

To: Major David Salmon, Division Traffic

From: Captain Lisa D. Loughran, Executive Services Detail



**Subject: PREVENTABLE DIVISION VEHICLE/PEDESTRIAN
PERSONAL INJURY AUTOMOBILE ACCIDENT
TROOPER JOSEPH KOLEK, ESD/NY EOD 01/07/02
DATE OF ACCIDENT: APRIL 11, 2009**

Reference is made to the genl 84 investigative report regarding the above subject. Referenced report was submitted on June 5, 2009. On Friday, June 19, 2009, Trooper Kolek reported to ESD/Albany for the purpose of adjudication of this matter. Attached to this memorandum is Trooper Kolek's adjudication memo, letter of censure and TB15 and TB15a. Please attach these to the original report.

NEW YORK STATE POLICE

MEMORANDUM

Troop H Station Executive Services Detail/NYC

Date: June 05, 2009

To: Major Charles M. Day, Troop Commander, Executive Services Detail

From: Trooper Joseph C. Kolek ESD/NYC *JCK*

Subject: **PREVENTABLE DIVISION VEHICLE/PEDESTRIAN PERSONAL INJURY ACCIDENT**

I hereby request to have the above-captioned investigation adjudicated by the Detail Commander under the provision of Rule 3, Disciplinary Action, of the New York State Police Manual.

I waive the following:

1. The right to have this matter disposed of by the Superintendent or by a formal hearing.
2. Any right to appeal from the Detail Commander's adjudication which may be a determination of unfounded or, upon a finding of guilty, the imposition of:
 - i. A Letter of Censure and/or
 - ii. An intra-Troop transfer with my consent and/or
 - iii. A fine to be expressed in the loss of no more than five vacation days to be worked with no additional compensation or overtime, and/or
 - iv. A period of probation not exceeding 90 days (which probation must be for a definite period of time and must include conditions of probation which, if violated, could subject me, without a right of further inquiry or hearing, to the imposition of any one or more of the penalties that can be imposed by the Detail Commander, and/or an intra-Troop transfer, without my consent).

FOLLOW THE INSTRUCTIONS ON THE REVERSE OF THIS FORM.

VAN 05664	VEHICLE PLATE NUMBER BBC-3877
DATE OF ACCIDENT/INCIDENT April 11, 2009	TIME OF ACCIDENT/INCIDENT 9:30pm
DRIVER'S NAME (FIRST, MI, LAST) Joseph C. Kolek	
ORIGINAL FILE # AMS 88000012	

A) CLASSIFICATION

- PREVENTABLE
- NON-PREVENTABLE
- INCIDENT

B) DISCIPLINARY ACTION RECOMMENDED

- YES
- NO

C) SITUATION/ACTIVITY

- 01-EMERGENCY CALL
- 02-EMERGENCY CALL/FIRE
- 03-EMERGENCY CALL/CRIMINAL MISCHIEF
- 04-EMERGENCY CALL/GLASS
- 05-ROUTINE PATROL
- 06-ROUTINE PATROL/FIRE
- 07-ROUTINE PATROL/CRIMINAL MISCHIEF
- 08-ROUTINE PATROL/GLASS
- 09-PURSUIT
- 10-PURSUIT/FIRE
- 11-PURSUIT/ROADBLOCK
- 12-PURSUIT/CRIMINAL MISCHIEF
- 13-PURSUIT/GLASS
- 14-PARKED
- 15-PARKED/FIRE
- 16-PARKED/ROADBLOCK
- 17-PARKED/CRIMINAL MISCHIEF
- 18-PARKED/GLASS
- 19-OTHER Meal

D) CONTACT

- YES
- NO

E) TYPE ACCIDENT

- 01-STATIONARY OBJECT STRUCK
- 02-BACKING UP
- 03-REAR-END COLLISION
- 04-PASSING VEHICLE SAME DIRECTION
- 05-INTERSECTION
- 06-SIDESWIPE
- 07-SKIDDING
- 08-ROLLED AWAY (UNATTENDED)
- 09-IMPROPERLY STOPPED/PARKED
- 10-PEDESTRIAN
- 11-LEFT THE ROAD
- 12-OVERTURNED
- 13-HEAD-ON
- 14-ANIMAL
- 15-OTHER
- 16-DNA

F) CAUSE

- 01-SPEED TOO FAST
- 02-FOLLOWING TOO CLOSE
- 03-UNSAFE BACKING
- 04-FAILED TO KEEP RIGHT
- 05-FAILED TO YIELD RIGHT-OF-WAY
- 06-IMPROPER PARK/STOP
- 07-IMPROPER TURNING
- 08-INATTENTION OF DRIVER
- 09-ANIMAL ACTIONS
- 10-FAULTY EVASIVE ACTION
- 11-ALCOHOL INVOLVEMENT
- 12-DRIVER INEXPERIENCE
- 13-DRUGS
- 14-FELL ASLEEP
- 15-PEDESTRIAN ACTION
- 16-TRAFFIC CONTROL DISREGARDED
- 17-DEFECTIVE EQUIPMENT
- 18-OBSTRUCTION/DEBRIS/STONE ON HIGHWAY
- 19-RECKLESS DRIVING
- 20-IMPROPER LANE CHANGE
- 21-OTHER
- 22-DNA

G) CATEGORY

- P-PROPERTY DAMAGE
- I-PERSONAL INJURY
- F-FATAL

H) ROAD CHARACTER

- 1-STRAIGHT
- 2-CURVE
- 3-HILLCREST
- 4-OFF-ROAD
- 5-DNA

I) ROAD SURFACE

- 1-CONCRETE
- 2-MACADAM
- 3-OIL/STONE
- 4-DIRT/SAND
- 5-GRASS/TURF
- 6-DNA

J) ROAD CONDITION

- 1-ICY SURFACE
- 2-HARD PACKED SNOW
- 3-SLUSH
- 4-WET
- 5-DRY
- 6-OTHER
- 7-DNA

K) WEATHER CONDITION

- 1-SNOW
- 2-SLEET
- 3-RAIN
- 4-FOG
- 5-CLEAR
- 6-CLOUDY
- 7-DNA

L) SHIFT

- | | |
|----------------------------------|----------|
| <input type="checkbox"/> A | MODIFIED |
| <input type="checkbox"/> B | I |
| <input type="checkbox"/> C | |
| <input type="checkbox"/> D LEAVE | |
| <input type="checkbox"/> E DNA | |

M) DRIVER'S AGE



N) DRIVER'S T2S

H 2 9 2

O) SEX

- M
- F

NEW YORK STATE POLICE

DIVISION VEHICLE ACCIDENT/INCIDENT COVER PAGE


<p>(TRAFFIC SECTION COMPLETE)</p> <p>Received At Traffic: <u>7/1/09</u> (Date)</p> <p>Reviewed By: <u>7/SGT D.S. BATES</u></p>	<p>OPERATOR OF SP VEHICLE:</p> <p><u>Mr. Joseph C. Kolek</u></p> <p><u>BBC 3877</u> <u>056604</u> License Van</p> <p><u>H-ESD</u> <u>4/11/09</u> Troop (D/A)</p>
<p>(FLEET MANAGEMENT COMPLETE)</p> <p>Received From Traffic: <u>JUL 02 2009</u> (Date)</p> <p>Case Closed: <u>07/14/09</u> (Date)</p> <p>Initials: <u>(Signature)</u></p> <p>Forwarded From Fleet To Records: <u>07/15/09</u> (Date)</p> <p>TOT Attorney General: <u>NA</u> (Date)</p>	<p>REPAIR INFORMATION:</p> <p>Order Number: <u>NO Repair</u></p> <p>Amount: \$ <u>NA</u></p> <p>Date Paid: _____</p> <p>Returned To Service Date: <u>04/11/09</u></p> <p>Estimates: (1) \$ <u>NO Damage</u></p> <p>(2) \$ _____</p> <p>(3) \$ _____</p>
<p>MISCELLANEOUS:</p>	<p>INSURANCE INFORMATION:</p> <p>Check Number: _____</p> <p>Amount: \$ _____</p> <p>Date Of Check: _____</p> <p>Date Received: _____</p> <p style="text-align: center; font-size: 2em;"><i>NC</i></p>
<p>UF _____ BCI _____</p> <p>P <u>✓</u> NP _____</p> <p><u>JUL 17 2009</u></p>	<p>RCN Number: <u>09027452</u></p> <p><u>04/19</u></p>

BBC3877 4/11/09

FILED BY HI

NEW YORK STATE POLICE**MEMORANDUM**Troop H Station ESDDate May 29, 2009

To: First Deputy Superintendent, John Melville
Attention Division Traffic – Major David Salmon

From: Captain Lisa D. Loughran, ESD 

Subject: DIVISION VEHICLE/PEDESTRIAN PIAA – NY BBC-3877
TROOPER JOSEPH KOLEK – EOD 01/07/02
DOA: APRIL 11, 2009


Reference is made to administrative message #AMSQ88000012, ESD/NYC, dated April 12, 2009, cover memorandum of Lieutenant Paul Hogan and investigative report of Zone Sergeant Robert Myers dated, May 22, 2009, regarding the above subject.

I have reviewed the report with Lieutenant Hogan and concur with the results of the investigation. On April 11, 2009, Trooper Joseph C. Kolek, ESD/NYC, left the office in his division issued vehicle, NY BBC-3877 and traveled east on West 46th Street in Manhattan. As he approached the intersection of West 46th and 7th Avenue, Trooper Kolek was forced to stop behind an unidentified vehicle about to make a left turn onto 7th Avenue. While delayed at the intersection behind the vehicle, the light changed and an unidentified southbound vehicle on 7th Avenue came directly toward Trooper Kolek's vehicle. In an attempt to avoid being struck, Trooper Kolek instinctively steered his vehicle to the right and forward around the stopped vehicle, subsequently striking four pedestrians as they crossed the intersection.

It is evident that the culpability for this accident was on behalf of Trooper Kolek for improper evasive action. It is recommended that this accident be classified as "PREVENTABLE". Although Trooper Kolek is culpable for the accident, there was no evidence of negligence or wrong doing. The matter is closed by investigation.

NEW YORK STATE POLICE**MEMORANDUM**Troop H Station ESD/NYCDate May 27, 2009

To: Captain Lisa D. Loughran, Executive Services Detail, Albany, NY

From: Lieutenant Paul E. Hogan 

Subject: DIVISION VEHICLE PIAA- PEDESTRIANS
TROOPER JOSEPH C. KOLEK

Reference is made to Administrative Message AMSQ 88000012, SP ESD/NYC dated April 12, 2009 and the attached Memorandum and associated Investigative report of Zone Sergeant ROBERT MYERS III dated May 22, 2009 regarding the above subject.

I have reviewed the attached reference material and find it properly submitted. I have discussed the matter with Zone Sergeant MYERS and concur with his findings.

On April 11, 2009 Trooper JOSEPH C. KOLEK assigned to ESD/NYC, was travelling east on West 46th Street in Manhattan, NY approaching the intersection of West 46th and 7th Avenue when a vehicle travelling south on 7th Avenue almost struck Trooper KOLEK'S vehicle. In an attempt to avoid being struck by the southbound vehicle Trooper KOLEK steered his vehicle to the right around an un-involved vehicle stopped in front of him, subsequently striking four pedestrians who had entered the roadway crossing West 46th Street at the intersection of 7th Avenue.

Investigation into this matter revealed that the cause of the accident was improper evasive action on the part of Trooper KOLEK. It should be noted that although the accident victims allege that Trooper KOLEK was travelling at a high rate of speed when the accident occurred, the evidence belies their account. The fact that the victims injuries were relatively minor in nature, and there was no damage to Trooper KOLEK'S vehicle suggests that Trooper KOLEK was not travelling at a high rate of speed prior to impact. I recommend that this accident be classified as PREVENTABLE and forwarded for further administrative action.

NEW YORK STATE POLICE

MEMORANDUM

Troop H Station ESD - NYC

Date May 22, 2009

To: ESD Detail Commander, Troop H, Albany, NY

From: Zone Sergeant Robert Myers III



Subject: DIVISION VEHICLE PIAA - PEDESTRIANS - BBC 3877
TROOPER JOSEPH C. KOLEK

REFERENCE: AMSQ 88000012, Dated April 11, 2009

Genl. 84 Investigation Report, dated April 23, 2009
Re: Above captioned subject

On April 11, 2009 at approximately 10:00 PM I was advised that Trooper JOSEPH C. KOLEK had been involved in a Division Vehicle Personal Injury Accident involving four Pedestrians.

Investigation into this matter revealed that despite the fact that Trooper KOLEK was able to avoid being struck by any vehicles, the accident was the result of faulty evasive actions taken by Trooper KOLEK. Trooper KOLEK was slowing in the intersection when he observed a secondary vehicle in his peripheral vision which he perceived was going to strike his driver's side door and steered to the right around the vehicle in front of him subsequently striking the pedestrians which were standing in the roadway. It should also be noted that due to the fact that all parties suffered minor injuries and the absence of any physical evidence, it is my conclusion that Trooper KOLEK was not traveling at a high rate of speed as perceived by the witnesses. I recommend the accident be classified as PREVENTABLE and closed by investigation.

New York State Police Investigation Report

1. Troop H	2. Station ESD - NYC	2A. T.Z.S. H292	4. Case No. ESD - 3226 - 09	3. Station	3A. T.Z.S.	5. Case No.		
C-1	6. Complainant Name (Last, First, Middle) NYS					7. DOB	UNK	
8. Street #	Name	Apt.	C/TV	State	Zip	County	9. Phone	
10. Employer	Address			10A. Occupation	10B. Bus. Phone			
11. Place of Occurrence - Specific Location E/B W46TH STREET AND 7TH AVENUE						11A. County NEW YORK		
11B. C-T-V C/MANHATTAN	11C. C-T-V CODE K3100	12. Date Occurred: From - To 04112009 -	Time Occurred: From/To 9:30 PM -	13. Date Reported 04 11 2009	Time Reported 10:00 PM			
14. Owner if other than Complainant Address				15. Weather <input checked="" type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Fog <input type="radio"/> Sleet <input type="radio"/> Snow				
16. Character of Case DIVISION VEHICLE PIAA/ PEDESTRIAN				17. Counts 4	18. Case No. 3226-09	19. CC Code MVE 5055		
Code: Stolen (S) Used in Crime (C) Crim. Misch. (M) Recovered (R) Evidence (E) Genl. 2 (A) Term. Msg. (T) Other (O) (Specify)							21 Monetary Value	
20. P-1	Code	Qty	Description	ID - Serial Number				
22. V-1 <input type="radio"/> Used in Crime <input checked="" type="radio"/> Acc. MV <input type="radio"/> Acc. Non MV <input type="radio"/> Suspect <input type="radio"/> Crim. Misch. <input type="radio"/> Stolen <input type="radio"/> Recovered <input checked="" type="radio"/> OTHER (Specify): PEDESTRIANS								
Description - Make AUTO-CHEVR-VAN 05664 - 87993		Year 05	Reg. No. BBC3877	State NY	Stolen MV - Keys in Ignition <input type="radio"/> Yes <input checked="" type="radio"/> No			
Color BLACK	Body - Model SUBN	Vin No. 1GNEK13T15J228786	Recovered - Running Condition <input type="radio"/> Yes <input checked="" type="radio"/> No					
23. W-1 <input type="radio"/> Used in Crime <input type="radio"/> Lawful Surrender <input type="radio"/> Unlawful Poss. <input type="radio"/> Stolen <input type="radio"/> Other (Specify)								
24. D-1	Kind of Document		Name of Receiver		Reason <input type="radio"/> No Acct. <input type="radio"/> Insuff Funds <input type="radio"/> Acct. Closed <input type="radio"/> Forgery			
	Name of Maker - ID or Address Given						Identifiable <input type="radio"/> Yes <input type="radio"/> No	
	Bank Drawn On - Address				Doc. No.	Photo-Suspect <input type="radio"/> Yes <input type="radio"/> No		
	Doc Date	Doc Amount	Money, Property or Service Obtained					
25. Describe or List Physical Damage or Any Other Loss NONE								
26. INSUR	Property Insured? <input checked="" type="radio"/> Yes <input type="radio"/> No	Name of Insurer SELF INSURED STATE OF NEW YORK			Amt. Insurance FULL		27 Total Value 0.00	
28. D-1	No. V-1	Date 04 11 2009	Disposition DRIVEN FROM SCENE					30. RCN Retained Destroy
29. WT-1	Name (Last, First, Middle) - Address GOUDA, MOHAMED, [REDACTED]				Age	DOB		
WT-2	MOOREHEAD, JERMAINE A [REDACTED]							
WT-3	HARPER, ALISTER D [REDACTED]						30A. Report Date 04 23 09	

New York State Police Investigation Report

CODE: Assault = A Homicide = H Suicide = S Attempted Suicide = AS Natural Death = ND Accident Victim = AV Other = O (Specify)

31 V I C T I M	S-1	Code	Name (Last, First, Middle) CORBIN, FRANCOIS	Address [REDACTED]	Sex M	Age DOB
	Nature of Injuries			Hospital and/or Physician ST LUKES DR PAUL TRAVINICEK MD		
	Date of Death		Coroner or Medical Examiner		Autopsy Yes <input type="radio"/> No <input type="radio"/>	
32 T I T L E	S-2	Code	Name (Last, First, Middle) CORBIN, ELIZABETH MARIE	Address [REDACTED]	Sex F	Age DOB
	Nature of Injuries			Hospital and/or Physician ST LUKES DR REBECCA BAPTISTA		
	Date of Death		Coroner or Medical Examiner		Autopsy Yes <input type="radio"/> No <input type="radio"/>	
33 W A N T E D	S-3	Code	Name (Last, First, Middle) CORBIN, LOUISE	Address [REDACTED]	Sex F	Age DOB
	Nature of Injuries NO VISIBLE INJURIES			Hospital and/or Physician ST LUKES DR REBECCA BAPTISTA		
	Date of Death		Coroner or Medical Examiner		Autopsy Yes <input type="radio"/> No <input type="radio"/>	

CODE: Unknown Subject = U Crim. Sum = C Perpetrator = P Accomplice = A Defendant = D Suspect = S Wanted Warrants = W Juvenile = J Other = O (Specify)

34 I N J U R Y	T-1	Code	Name (Last, First, Middle) - Address - Alias KOLEK, JOSEPH C, EOD 01/07/02 1220 WASHINGTON AVE, ALBANY, NY	Sex M	Age DOB
	T-2				
	T-3				
	T-4				
	T-5				
	T-6				
	T-7				

Title No.	Race	Ht.	Wt.	Hair	Eyes	Crime	Section	Law	
Judge - Name - Address - Title							County	Date Issued	Extradite Yes <input type="radio"/> No <input type="radio"/>
Title No.	Race	Ht.	Wt.	Hair	Eyes	Crime	Section	Law	
Judge - Name - Address - Title							County	Date Issued	Extradite Yes <input type="radio"/> No <input type="radio"/>

DCJS	M	No	File	Date	Station	No.	Date	35.	C/A	C/EC	C/INV	C/UNF	Open
YES	YES	AMS		04 12 2009	ESD - 633, 3RD AVE				<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
NO	NO								<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCIC	YES								TOT BCL <input type="radio"/> Yes <input checked="" type="radio"/> No - Data				
NO	NO								Lead Request <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> 5				

Photos Taken Yes <input type="radio"/> No <input checked="" type="radio"/>	By Whom Z/SGT ROBERT MYERS III	Dusted For Latent Prints Yes <input type="radio"/> No <input checked="" type="radio"/>	By Whom
Name and Address of Agency Notified or Requested OFFICER F. WONG- NYPD		Responded If "Yes" Name Of Person In Charge - If "No" Name F "NO" Name Of Person Notified Yes <input type="radio"/> No <input type="radio"/>	
Name(s) of Licensee(s)		Business Name Lic. No.	

39. The Presence or absence of any individual factor is indicated by checking Yes or No

Witness to Crime	<input checked="" type="radio"/> Yes <input type="radio"/> No	Property Traceable / Identifiable	<input type="radio"/> Yes <input checked="" type="radio"/> No
Identification / Description Of Suspect Vehicle	<input type="radio"/> Yes <input checked="" type="radio"/> No	Distinctive / Significant MO	<input type="radio"/> Yes <input checked="" type="radio"/> No
Significant Physical Evidence	<input type="radio"/> Yes <input checked="" type="radio"/> No	Significant Community Interest	<input type="radio"/> Yes <input checked="" type="radio"/> No

1. MEMORANDUM OF TPR KOLEK	8. COPY OF AMSGE 88000012 DATED 4/11/09
2. PHOTOGRAPHS OF ACCIDENT LOCATION	9. KASTLE SYSTEM HISTORY REPORT
3. SUPP DEPO OF ALISTER HARPER	10. ACCIDENT REPORTS(2)
4. SUPP DEPO OF FRANCOIS CORBIN	11. INCIDENT REPORT- JERMAINE MOORHEAD
5. SUPP DEPO OF ELIZABETH CORBIN	12. SUPP DEPO OF JERMAINE MOORHEAD
6. SUPP DEPO OF LOUISE CORBIN	
7. SUPP DEPO OF ANNE TOURETTE	

41. SUM	Complainants 1	Properties 0	Vehicles 1	Weapons 0	Documents 0	Witnesses 2	Victims 4	Titles 4	Wanted 0
42. Signature And Rank Z/SGT ROBERT MYERS III					43. Signature And Rank [Signature]				
42A Station ESD - NYC					43A Station [Signature]				
42B Case No. ESD - 3226 - 09					43B Case No. [Signature]				
TZS H292					TZS				

NEW YORK STATE POLICE
CONTINUATION SHEET

TROOP H ESD - NYC

COMPLAINANT - LAST, FIRST, MIDDLE

CASE NUMBER

NYSP

ESD - 3226 - 09

Box # 31, S-4 AV, TOURETTE, ANN - MARIE SORS, [REDACTED]

DOB [REDACTED]

ST. LUKE'S

DR. JAMIE MEADE

1. On April 11, 2009 Trooper JOSEPH C. KOLEK, ESD/NYC, EOD 01/07/02 (T-1) assigned to the Dignitary Protection Squad, was working a D12-7 (7:00 AM - 7:00 PM). At approximately 10:00 pm Trooper KOLEK advised the ESD desk that he was involved in a Division Vehicle PIAA involving four pedestrians while travelling on 46th street in Manhattan, NY. I was advised of the accident and responded. Captain LISA D. LOUGHRAN was advised and responded to the scene as well. Detail Commander, Major CHARLES M. DAY was also advised.
2. Upon arrival, I observed a 2005 Chevrolet Tahoe, bearing NY registration BBC 3877, (V-1) parked curbside on the north east side of the intersection roadway travelling south. Broadway and 7th Avenue are separated by a narrow median approximately 10 feet wide. Both intersections are controlled by separate, three light traffic signals. Pedestrian traffic is controlled at both intersections by lighted signs and roadway markings. Investigation revealed that the accident occurred at the southeast corner of West 46th street and 7th avenue. There were no visible skid marks, debris at the scene, or physical evidence denoting the point of impact.
3. On April 11, 2009, I interviewed Trooper KOLEK who stated that upon completing his shift he remained at the station to complete administrative duties. Trooper KOLEK stated that at approximately 9:00 pm he left the station and proceeded over to the West side of Manhattan in V-1 for a meal prior to responding to Ward's Island for the evening. Trooper KOLEK stated that upon returning from the West side en-route to Ward's Island he while travelling east on West 46th street approaching the intersection of Broadway with traffic slowing, when the traffic light turned yellow. Trooper KOLEK stated that he proceeded through the intersection when an un-identified vehicle which was travelling in front of him slowed down. Trooper KOLEK stated that he slowed to avoid hitting the vehicle at which time the light at the intersection of West 46th and 7th turned red. Trooper KOLEK stated that another un-identified vehicle, which was stopped at the intersection of 46th and 7th facing southbound, started to proceed through the intersection in a southerly direction almost striking the drivers side of V-1. Trooper KOLEK stated that he took evasive action by accelerating and turning to the right in an attempt to avoid being struck the southbound vehicle. Trooper KOLEK stated that as he proceeded east on 46th street, pedestrians heading north from the corner of 46th Street and 7th Avenue entered the intersection in front of

NEW YORK STATE POLICE
CONTINUATION SHEET

TROOP H ESD - NYC

COMPLAINANT - LAST, FIRST, MIDDLE

CASE NUMBER

NYSP

ESD - 3226 - 09

- his vehicle at which time he was unable to avoid striking them. Trooper KOLEK stated that he immediately stopped V-1, identified himself, and rendered aid to the injured parties. Memorandum of Trooper KOLEK attached as enclosure #1.
4. On April 11, 2009, I took photographs of the scene which have been reduced to paper and are included as enclosure # 2.
 5. On April 11, 2009, I interviewed MOHAMED GOUDA, DOB [REDACTED] of [REDACTED] and (WT-1), who provided a telephone number of [REDACTED] WT-1, a street vendor working at the time of the accident stated that he was very busy and didn't really see what happened. He was serving food and it was very busy and when he heard the commotion he looked up and realized an accident had occurred. He further stated that people are always stepping off into traffic and that it is a very bad intersection. Mr. GOUDA declined to give a written statement.
 6. On April 11 2009, I attempted to contact JERMAINE A MOORHEAD, DOB [REDACTED] of [REDACTED] (WT-2) [REDACTED] with negative results. Mr. MOORHEAD, a Times Square Lines - Security Officer, was working in the area at the time of the accident had left the scene prior to my arrival. Mr. MOOREHEAD had informed NYPD that he saw the people step off the curb in front of V-1, but refused to provide further details, and refused to provide a statement.
 7. On April 12, 2009 at approximately 12:29 am, Senior Investigator WILLIAM T. HODGE responded to St. Luke's (Roosevelt) Hospital and interviewed ALISTER D. HARPER, DOB [REDACTED] of [REDACTED] (WT-3) who gave the telephone number [REDACTED] WT-3 stated that at approximately 9:40 PM he was working as a street vendor when he heard a noise. He then alleged that as he looked up he saw a black SUV travelling at a high speed attempt to avoid striking some people but failed and ran several people over. WT-3 then stated that the SUV stopped and the operator seemed very concerned about the people. WT-3 stated that the intersection is very dangerous and there have been several complaints about the timing of the lights. WT-3 stated that walk signal comes on to early not giving the pedestrians enough time to walk which doesn't allow the cars enough time to clear the light from Broadway to Seventh Avenue .Supporting deposition of WT -3 included as enclosure # 3.
 8. On 4/12/2009 at approximately 1:15 am Senior Investigator HODGE interviewed FRANCOIS CORBIN, DOB [REDACTED] of [REDACTED] (S-1) who gave a telephone number of [REDACTED] S-1 alleged that at

NEW YORK STATE POLICE
CONTINUATION SHEET

TROOP H ESD - NYC

COMPLAINANT - LAST, FIRST, MIDDLE

CASE NUMBER

NYSP

ESD - 3226 - 09

approximately 9:50 PM, he and his family began to cross the street, (he could not recall the name of the street) when their light changed. S-1 stated that at that time he observed a vehicle (NFD) heading toward him at a high speed. S-1 believed the vehicle was attempting to avoid hitting another stopped vehicle. S-1 stated that he was struck by the vehicle. S-1 stated that his injuries consisted [REDACTED] S-1 refused to sign a Genl. 81. S-1 provided a Supporting Deposition which is included as enclosure # 4.

9. On 4/12/2009 at approximately 1:35 am, Senior Investigator HODGE interviewed ELIZABETH MARIE CORBIN, DOB, [REDACTED] of [REDACTED] (S-2). S-2 stated she was waiting at the traffic light (NFD), when the light turned white she took approximately 1, or 2 steps when she looked up and saw an SUV (NFD) pass another car. S-2 states that she tried to escape but was unable to avoid being struck by the vehicle in the left leg. S-2 stated that she sustained injury [REDACTED] S-2 refused to sign a Genl. 81. S-2 provided a Supporting Deposition which is included as enclosures # 5.
10. On April 12, 2009, Senior Investigator HODGE interviewed LOUISE CORBIN, [REDACTED] of [REDACTED] (S-3). S-3 stated she was waiting at the traffic light waiting for the light to turn white (NFD). S-1 stated that when the light turned white she started to cross the road when she looked up and saw a black SUV (NFD) coming at her really fast. S-1 stated that she did not see the car hit her, she just felt a hit and fell down. S-1 stated that she just lay in the street for a few minutes. S-1 did not state that she was injured. S-3 provided a Supporting Deposition which is included as enclosure # 6.
11. On April 12, 2009 at approximately 1:45 am Senior Investigator HODGE interviewed ANNE MARIE TOURETTE, DOB [REDACTED] of [REDACTED] (S-4) who provided the telephone number of [REDACTED] S-4 simply stated that she was crossing the street and was struck but didn't see anything, she just felt a hit. S-4 stated that she had [REDACTED] as a result of the accident. S-4 refused to sign a Genl. 81. S-4 provided a Supporting Deposition which is included as enclosure # 7.
12. On April 12, 2009, Captain LISA D. LOUGHRAN interviewed attending Emergency Room Physician, Doctor PAUL L. TRAVNICEK MD. Doctor TRAVNICEK treated FRANCIS CORBIN and related he suffered [REDACTED] [REDACTED] No written statement obtained due to the refusal of the injured to provide a medical documents release (Genl. 81).

NEW YORK STATE POLICE
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TROOP H ESD - NYC

COMPLAINANT - LAST, FIRST, MIDDLE

CASE NUMBER

NYSP

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13. On April 12, 2009 Captain LOUGHRAN interviewed Emergency Room Physician, Doctor REBECCA BAPTISTA MD who treated ELIZABETH CORBIN for [REDACTED] Doctor BAPTISTA also treated ANNE MARIE SORS and related she had no injuries as a result of the accident. No written statement was obtained due to the refusal of the injured to provide a medical documents release (Genl. 81).
14. On April 12, 2009 Captain LOUGHRAN interviewed attending Physician, Doctor JAMIE MEADE MD, who treated LOUISE CORBIN for [REDACTED] [REDACTED] No written statement was obtained due to the refusal of the injured to provide a documents release (Genl. 81).
15. On April 12, 2009, I attempted to contact responding NYPD Officer WONG and NYPD Supervisors in an attempt to obtain a copy of the accident report with negative results.
16. On April 12, 2009, I sent AMSQE 88000012 from 633, 3rd Ave, NY, NY. A copy of the message is included as enclosure # 8.
17. On April 14, 2009, I attempted to contact WT-2 MOORHEAD with negative results. I left voicemail requesting a call back.
18. On April 14, 2009, I contacted Building Management for 633rd Avenue and obtained printout of Trooper KOLEK'S Card Key History in the Kastle System which showed that he left the station at 8:54 PM and substantiated the fact that he left the station at approximately 9:00 PM. Printout included as enclosure # 9.
19. On April 14, 2009, I contacted NYPD 18th Precinct who was unable to locate the report and reporting officer.
20. On April 16, 2009, I attempted to contact WT-2 MOORHEAD with negative results.
21. On April 21, 2009, I contacted PO WONG who provided a copy of the MV 104AN and, MV 104L completed which is included as enclosure # 10.
22. On April 28, 2009, I contacted WT-2 who stated that he was not trying to avoid speaking to me, he just wanted to advise his job and ascertain whether he should or should not provide a written statement to the New York State Police since he

NEW YORK STATE POLICE
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TROOP H ESD - NYC

COMPLAINANT - LAST, FIRST, MIDDLE

CASE NUMBER

NYSP

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was working at the time of the incident. WT-2, a Times Square Alliance Security Officer advised me that he completed a written incident report for his employer on 4/11/2009 regarding the accident. I obtained a copy of the incident report which is included as enclosure # 11.

23. On April 28, 2009, I interviewed WT-2 regarding the accident who stated that on 4/11/2009 at approximately 9:45 pm he observed a Black SUV (V-1) traveling East on West 46th Street when it was cut off by an unknown Yellow Cab which was traveling south on 7th Avenue. As a result the SUV had to swerve to the right and was almost stopped when it struck what he believed to be 3 people which stepped off the curb in front of the SUV. He concluded by stating that the operator, KOLEK, of the SUV (T-1) immediately stepped out of the vehicle and attended to the injured. WT-2 completed a Supporting Deposition which is included as enclosure # 12.
24. On May 11, 2009, Lieutenant PAUL E. HOGAN contacted NYPD Sergeant, TERRENCE O'HALLORAN in an attempt to ascertain if there was video surveillance of the intersection of where the accident occurred from April 11, 2009. Sergeant O'HALLORAN advised that he would attempt to locate the surveillance video and advise.
25. On May 21, 2009, Lieutenant HOGAN re-contacted Sergeant O'HALLORAN who advised that he was unable to locate surveillance video of the accident. Sergeant O' HALLORAN checked with DOT, businesses in the area, and NYPD cameras with negative results.
26. I request this matter be closed by investigation

NEW YORK STATE POLICE

MEMORANDUM

Troop H Station ESD-NYCDate April 12, 2009**To:** Major Charles M. Day, ESD Detail Commander**From:** Trooper Joseph C. Kolek JCK**Subject:** Division Vehicle PIAA

On April 11, 2009 I was working an assigned D 7. I left 633 3rd Avenue at approximately 9:00pm. I stayed after my assigned tour because I had some administrative paperwork to complete and to also print materials for the oral assessment center candidate preparation guide from the Division Intranet. I completed administrative paperwork and decided to leave 633 3rd Avenue at approximately 9pm in my assigned Division vehicle [REDACTED] to possibly get some food to eat. I proceeded to the west side of Manhattan to seek out a restaurant. Upon getting to the west side of Manhattan I realized that I had prepared food which was located in the plug in portable cooler in the rear of my assigned Division vehicle [REDACTED]. I decided to proceed to Troop NYC and started heading east on 46th street. Upon approaching the intersection of 46th street and Broadway, the traffic light turned yellow. I proceeded through the intersection and a vehicle which was traveling in front of me began to slow down. I slowed to avoid hitting the vehicle in front of me and the light in the middle of the intersection had turned red with me slowing proceeding into the intersection. The vehicle which was stopped at the traffic light facing south on 7th avenue and 46th street started to proceed through the intersection and came very close to striking the driver side door of my assigned Division vehicle [REDACTED]. I took evasive measures by turning the vehicle hard to the right and accelerating. This action allowed me to avoid being hit by the vehicle southbound on 7th Avenue. As I proceeded east on 46th street, the pedestrians heading north on the corner of 46th and 7th Avenue began to walk into the intersection in front of me and I subsequently struck three pedestrians. I immediately stopped my vehicle and checked on the conditions of the people I struck and was prepared to render aid. I contacted ESD-Albany and requested that a supervisor respond to the scene. NYPD responded to the scene and handled the accident investigation and Zone Sergeant Robert Myers responded to the scene.



Picture 1 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Direction of travel of Vehicle 1. (Scene)

Taken at: Corner of 46th St. and 7th Ave. from west facing east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 2 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Direction of travel of Vehicle 1. (Scene)

Taken at: Corner of 46th St. and 7th Ave. from west facing east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 3 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave.

Taken by: Z/Sgt Robert Myers III

Date: April 11' 2009



Picture 4 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene -- (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from west facing east

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 5 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from west facing south east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 6 of 13

AMSQE # 88000012

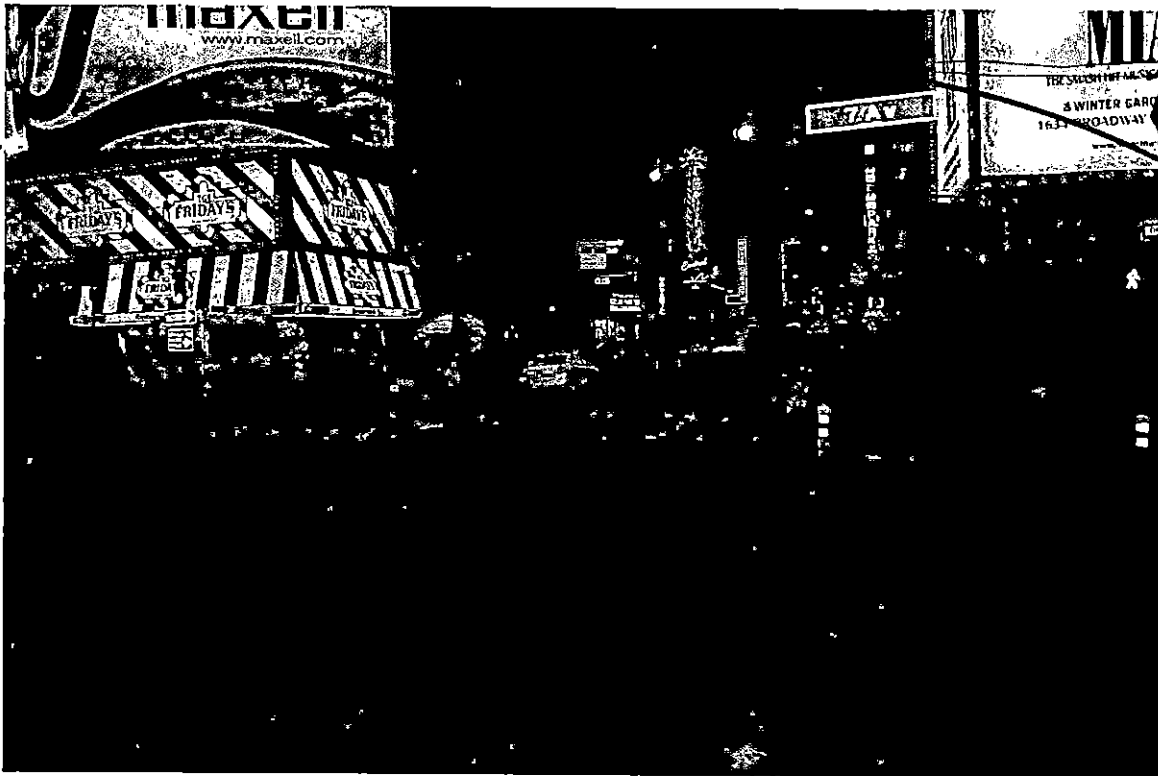
Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from north west facing south east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 7 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from south west facing east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 8 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from north facing south.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 9 of 13

AMSQE # 88000012

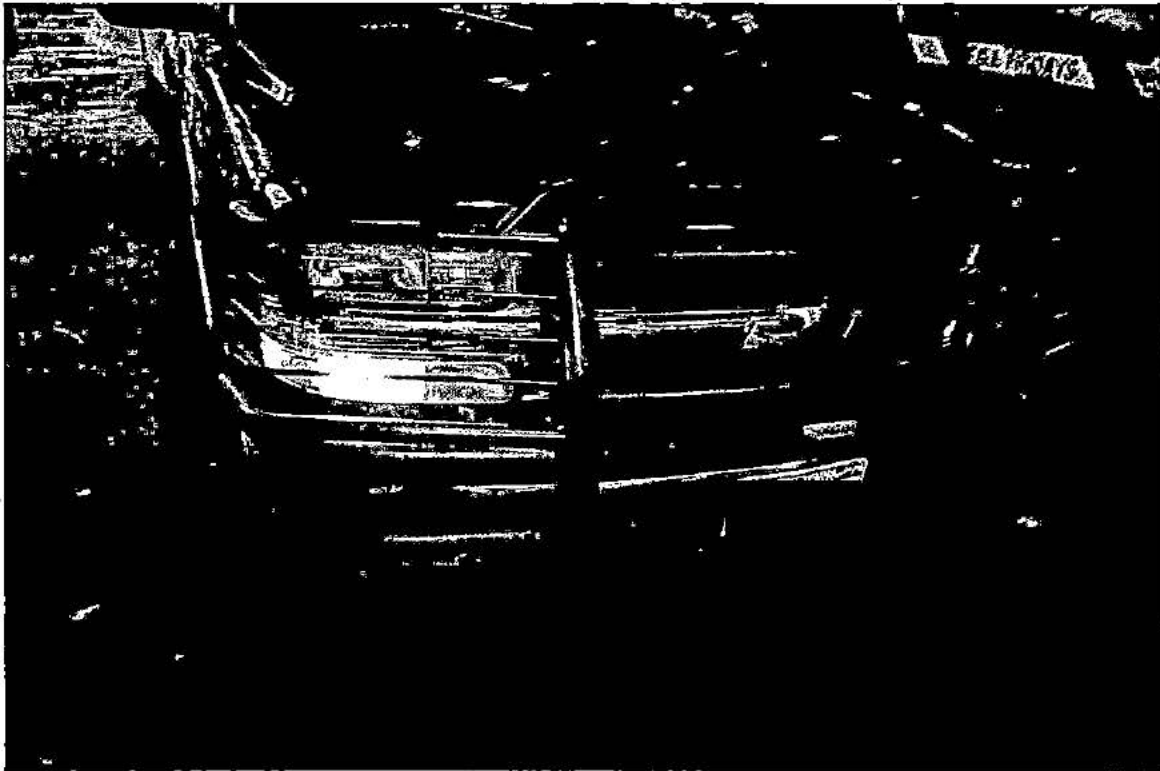
Title: Division Vehicle PIAA - Pedestrians

Photograph of: Accident Scene – (after scene was cleared)

Taken at: Corner of 46th St. and 7th Ave. from south facing north east.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 10 of 13

AMSQE # 88000012

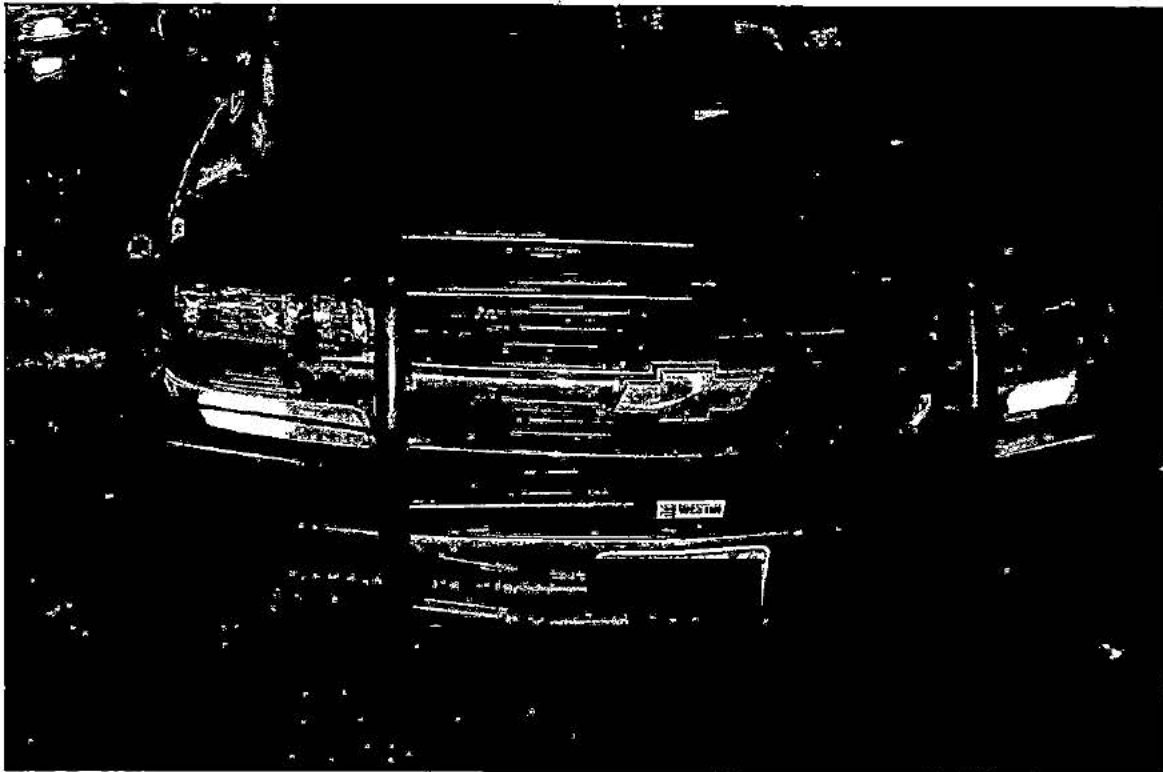
Title: Division Vehicle PIAA - Pedestrians

Photograph of: Front End of Vehicle 1

Taken at: Corner of 46th St. and 7th Ave.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 11 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Front End of Vehicle 1

Taken at: Corner of 46th St. and 7th Ave.

Taken by: Z/Sgt Robert Myers III

Date: April 11' 2009



Picture 12 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Right Side Front End of Vehicle 1

Taken at: Corner of 46th St. and 7th Ave.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009



Picture 13 of 13

AMSQE # 88000012

Title: Division Vehicle PIAA - Pedestrians

Photograph of: Left Side Front End of Vehicle 1

Taken at: Corner of 46th St. and 7th Ave.

Taken by: Z/Sgt Robert Myers III

Date: April 11, 2009

SUPPORTING DEPOSITION (CPL § 100.20)

THE PEOPLE OF THE STATE OF NEW YORK
VS

DEFENDANT(S)

LOCATION OF INCIDENT:

STATE OF NEW YORK, LOCAL CRIMINAL COURT
COUNTY OF MANHATTAN
OF

LOCATION OF DEPOSITION:

STATE OF NEW YORK
COUNTY OF MANHATTAN
OF

On DATE: 4/12/09 at TIME STARTED: 12:29 AM PM, FULL NAME: HARPER, ALISTER, D

STATE THE FOLLOWING: ON APRIL 11, 2009 @ APPROXIMATELY 9:40 PM. I WAS WORKING AS A VENDOR ON THE CORNER OF 7th Ave & 46th St. I HEARD A COMOTION NOISE WHICH SOUNDED LIKE A CAR ACCIDENT. I SAW A BLACK SUV HIT SEVERAL PEOPLE. THE SUV SEEMED ON WAS TRAVELLING AT A HIGH SPEED. THE SUV TRIED TO AVOID THE PEOPLE BUT HE COULDN'T BECAUSE HE WAS GOING TOO FAST. I BELIEVE HE RAN OVER ONE OF THE PEOPLE. THE DRIVER OF THE SUV STOPPED RIGHT AFTER HE HIT THE PEOPLE. HE SEEMED VERY CONCERNED. THE NOISE I HEARD WAS PEOPLE TRYING TO GET OUT OF THE WAY OF THE SUV.

[Handwritten initials/signatures: HDA, HDA, HDA]

NOTICE

(Penal Law Sec. 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury April
this 12 day of MONTH, 2008.

[Handwritten Signature]
(SIGNATURE OF DEPONENT)

*Subscribed and Sworn to before me
this _____ day of _____

(WITNESS) SP [Signature] TIME ENDED 12:46 AM PM
(NAME OF PERSON TAKING DEPOSITION)

* This form need be sworn to only when specifically required by the court.

THE PEOPLE OF THE STATE OF NEW YORK VS.

DEFENDANT(S)

The intersection where this accident happened is a very dangerous intersection because of the distance. There have been many complaints in the past about this problem with the lights. The walk signal comes on too early, not giving the pedestrians enough time to walk, which doesn't allow the cars enough time to clear the light from Broadway to 7th Avenue. ~~He~~ I did not see any flashing lights on the SUV until after he stopped. The driver of the SUV exited his vehicle right away and checked on the people to see how they were doing.

Had

NOTICE

(Penal Law Sec. 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury
this 12 day of April, 2008.

- or -

*Subscribed and Sworn to before me
this _____ day of _____

[Signature]
(SIGNATURE OF DEPONENT)

(WITNESS) -
[Signature]
(NAME OF PERSON TAKING DEPOSITION)

TIME ENDED
1:00 AM PM

* This form need be sworn to only when specifically required by the court.

THE PEOPLE OF THE STATE OF NEW YORK
VS

DEFENDANT(S)

LOCATION OF INCIDENT:

STATE OF NEW YORK, LOCAL CRIMINAL COURT
COUNTY OF MANHATTAN
OF

LOCATION OF DEPOSITION:

STATE OF NEW YORK
COUNTY OF MANHATTAN
OF

On 04/12/09 at 1:15 AM PM, I, FRANCOIS COLBIN

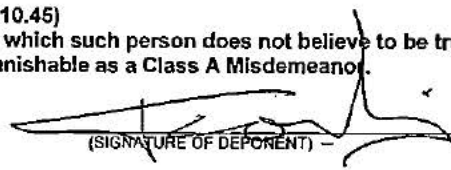
STATE THE FOLLOWING: We, my family AND I were in Times Square. We stopped at the light. The light turned white, I looked left AND saw a vehicle coming at a high rate of speed. I think he was trying to avoid a stopped vehicle. After I was hit by the vehicle I spoke with the driver. He told me he was sorry AND he was trying to avoid another vehicle. I don't remember exactly what street we were walking on, at this time. I didn't see any emergency lights on the vehicle. My injuries at this time are [REDACTED]. I was told that this accident happened around 9:50 pm. I also have [REDACTED] I was looking at the white light which is the walk signal and began to cross the street, that's when we were hit by the car.

NOTICE

(Penal Law Sec. 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury
this 12 day of April, 2009


(SIGNATURE OF DEPONENT)

*Subscribed and Sworn to before me
this _____ day of _____

(WITNESS) Spencer [Signature] TIME ENDED AM PM
1:30
(NAME OF PERSON TAKING DEPOSITION)

* This form need be sworn to only when specifically required by the court.

SUPPORTING DEPOSITION (CPL §100.20)

New York State Police

STATE OF NEW YORK

COUNTY OF _____

_____ COURT

_____ of _____

THE PEOPLE OF THE STATE OF NEW YORK)

- vs.)

SUPPORTING DEPOSITION

(Defendant(s))

STATE OF NEW YORK)

COUNTY OF Manhattan)

ss.

City of Manhattan)

On	DATE <u>04.12.09</u>	at	TIME STARTED <u>1:35</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	I,	FULL NAME <u>Elizabeth Marie Corbin</u>
	DATE OF BIRTH [REDACTED]		RESIDENCE [REDACTED]		ADDRESS [REDACTED]

state the following: we were waiting at the traffic lights. when the walking light turned white I started to cross, after 1 or 2 steps I looked left, and I saw an SUV pass another car very fast. I tried to escape but it was too late. I was hit on my left leg, I think I flew and my right side hit the ground. I have injuries [REDACTED]

[Handwritten signature]

NOTICE
(Penal Law §210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury

this 12 day of April, 2009

[Signature]
(SIGNATURE OF DEPONENT)

- OR -

*Subscribed and Sworn to before me

this _____ day of _____, 19 _____

[Signature]
(WITNESS)
(NAME OF PERSON TAKING DEPOSITION)

TIME ENDED 4:44 a.m. p.m.

*This form need be sworn to only when specifically required by the court.

SUPPORTING DEPOSITION (CPL § 100.1)

THE PEOPLE OF THE STATE OF NEW YORK
VS

DEFENDANT(S)

LOCATION OF INCIDENT:

STATE OF NEW YORK, LOCAL CRIMINAL COURT

COUNTY OF MANHATTAN

OF

LOCATION OF DEPOSITION:

STATE OF NEW YORK

COUNTY OF MANHATTAN

OF

On 4/12/09 at 1:50 AM PM, LOUISE CORBIN

STATE THE FOLLOWING: *we were waiting for the lights to turn white. when it turned white we started to cross the road. I looked left and saw a black car coming really, really fast, I didn't see the car hit us, I just felt a hit and fell down. I layed in the street for a few minutes.*

Louise Corbin

NOTICE

(Penal Law Sec. 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury April 2009
this 12 day of APRIL, 2008.

Louise Corbin
(SIGNATURE OF DEPONENT)

*Subscribed and Sworn to before me
this _____ day of _____

(WITNESS)
Stevan [Signature]
(NAME OF PERSON TAKING DEPOSITION)

TIME ENDED AM PM
1:55

* This form need be sworn to only when specifically required by the court.

THE PEOPLE OF THE STATE OF NEW YORK
VS

DEFENDANT(S)

LOCATION OF INCIDENT:

STATE OF NEW YORK, LOCAL CRIMINAL COURT
COUNTY OF MANHATTAN
OF

LOCATION OF DEPOSITION:

STATE OF NEW YORK
COUNTY OF MANHATTAN
OF

On 4/12/09 at 1:45 AM PM, I, ANNE MARIE TOURETTE

STATE THE FOLLOWING: I started crossing the street, I didn't see anything. I just felt a hit and was thrown to the ground. I have

[Handwritten signature]

NOTICE

(Penal Law Sec. 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury AMC 2009
this 12 day of MONTH, 2009.

(SIGNATURE OF DEPONENT) - [Signature]

*Subscribed and Sworn to before me
this _____ day of _____

(WITNESS) [Signature] TIME ENDED 1:49 AM PM
(NAME OF PERSON TAKING DEPOSITION)

* This form need be sworn to only when specifically required by the court.

S
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A
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Y

Amended <input type="checkbox"/>	Date/Time-Reported/Discovered 04/12/2009 03:01	TZS H292	Agency ORI NY1010001		
Title ACCIDENT - MV PEDESTRIAN, DIVISION VEHICLE - PIAA					
Investigated By CAPTAIN LISA D. LOUGHRAN, SENIOR INVESTIGATOR WILLIAM T. HODGE JR, ZONE SERGEANT ROBERT MYERS III					
Units Responded UF					
SJS # DNA	Photos <input checked="" type="checkbox"/>	Videotaped <input type="checkbox"/>	# Vehicles 1	# Injured 4	# Deceased 0
Apparent Cause (Pending Investigation) PENDING INVESTIGATION					
County NEW YORK		C/T/V Name TVB - MANHATTAN NORTH - 7211			
Location/Street Name/Wile Post Marker INTERSECTION OF 46TH ST AND 7TH AVE					
Weather Conditions 1 - CLEAR			Road Conditions 1 - DRY		
Description of Damage NONE					
Criminal Action DNA					
Narrative ON APRIL 11, 2009, TPR JOSEPH C KOLEK WAS ASSIGNED TO ESD OUT OF NYC WHEN HE COMPLETED HIS D12-7 SHIFT AND STAYED LATE AT HIS ASSIGNED STATION, 633 3RD AVE, NY, NY TO CATCH UP ON PAPERWORK BEFORE HEADING TO WARDS ISLAND. AT 9:45 PM, TPR KOLEK WAS E/B ON 46TH ST IN VEH 1, A DIVISION VEHICLE, 2005 CHEVY TAHOE, NY BBC3877, BEHIND AN UNK/UNINVOLVED VEHICLE. AS VEH 1 PROCEEDED THROUGH THE INTERSECTION OF 7TH AVE, THE 1ST OF 2 LIGHTS TURNED YELLOW. VEH 1 CONTINUED S/B AND AS HE PROCEEDED THROUGH THE 2ND LIGHT, WHICH WAS ALSO CHANGING, THE VEHICLE IN FRONT OF HIM SLOWED SUDDENLY. TRAFFIC TRAVELING S/B ON 7TH AVE BEGAN TO PROCEED AND A VEHICLE THAT WAS MOVING FASTER THAN THE OTHERS ALMOST STRUCK THE DRIVER'S SIDE OF VEH 1. TPR KOLEK TOOK EVASIVE ACTION, ACCELERATED AND STEERED TO THE RIGHT, AROUND THE VEHICLE IN FRONT OF HIS VEHICLE AND SUCCESSFULLY AVOIDED BEING STRUCK BY ANY VEHICLES, HOWEVER, AS HE PROPERLY CORRECTED THE VEHICLE AND CONTINUED S/B CLEARING THE INTERSECTION, 4 PEDESTRIANS ENTERED THE INTERSECTION HEADING N/B FROM THE SOUTHERN CURB, IN FRONT OF VEH 1 AND WERE SUBSEQUENTLY STRUCK AND SUFFERED MINOR INJURIES. ALL INJURED PARTIES WERE TRANSPORTED TO ST. LUKE'S HOSPITAL BY AMBULANCE AND WERE TREATED FOR MINOR INJURIES AND ARE EXPECTED TO BE RELEASED. TPR KOLEK SUFFERED NO INJURIES AND VEH 1 WAS DRIVEN FROM SCENE WITH NO APPARENT DAMAGE. CAPT LISA D LOUGHRAN AND Z/SGT ROBERT MYERS ADVISED AND RESPONDED TO SCENE. MAJ CHARLES M. DAY ALSO ADVISED					
Authorized By CAPTAIN LISA D. LOUGHRAN			Sent By MYERS III ROBERT	Sent Date 04/12/200	Sent Time 03:01
Notification TROOP					

NARRATIVE

2

DRIVER INFORMATION

Driver's Name - Last KOLEK		First JOSEPH		MI C
Address 1220 WASHINGTON AVE			City ALBANY	State NY
Date of Birth	Sex M	Driver License Number	License State NY	Chemical Test <input type="checkbox"/>
Violations		Driver Charged <input type="checkbox"/>		
Driver Member? <input checked="" type="checkbox"/>	Member Rank TROOPER	Date Of Entry 07/07/2002	Member Shield 4853	Member Shift 1 - DAY

OWNER INFORMATION

Name - Last (exactly as printed on registration) NYSP		First		MI
Address 1220 WASHINGTON AVE			City ALBANY	State NY
		Zip 12226		

VEHICLE INFORMATION

License Plate # POLICE	State NY	Vehicle Year 2005	Make CHEV	VIN # 1GNEK13T15J228786
Insurance Company and Code 994 - GOVERNMENT OWNED			Policy # SELF INSURED	
School Bus <input type="checkbox"/>	Comm. Veh. <input type="checkbox"/>	NYSP Vehicle <input checked="" type="checkbox"/>	VAN # 05664	
Mileage 87993	Front Air Bags Deployed <input type="checkbox"/>	Side Airbags Deployed <input type="checkbox"/>	Fire Suppression Deployed <input type="checkbox"/>	
Equipment Damage <input type="checkbox"/>	Equipment Damage Desc.			

INJURED/DECEASED PERSON INFORMATION

Injured/Deceased INJURED	Injured Deceased Name - Last CORBIN		First FRANCOIS		Middle
Address			City	State	Zip Code
Injured DOB	Approx. Age	Sex M	Description Of Injury		
Injured taken to (Medical Facility) ST LUKE'S HOSPITAL					
Position In Vehicle		In Custody <input type="checkbox"/>	Race	Seat Belt	Ejected
Relative Notified <input type="checkbox"/>	SP Member/Employee <input type="checkbox"/>	Rank	Date of Entry	Shield	ARS #

S INJURED/DECEASED PERSON INFORMATION						
P E R S O N	Injured/Deceased INJURED	Injured Deceased Name - Last CORBIN		First ELIZABETH	Middle M	
	Address			City	State	Zip Code
	Injured DOB	Approx. Age	Sex F	Description Of Injury		
	Injured taken to (Medical Facility) ST LUKE'S HOSPITAL					
002	Position in Vehicle			In Custody <input type="checkbox"/>	Race	Seat Belt
	Relative Notified <input type="checkbox"/>	SP Member/Employee <input type="checkbox"/>	Rank	Date of Entry	Shield	ARS #

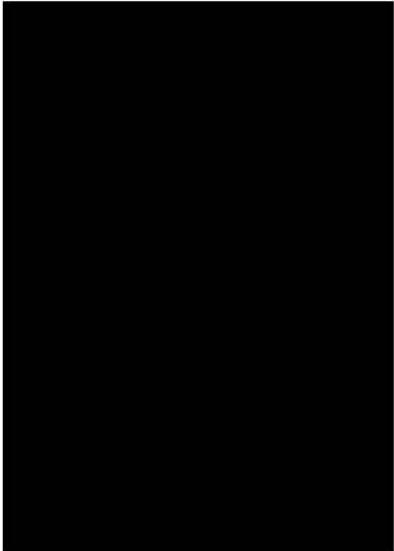
S INJURED/DECEASED PERSON INFORMATION						
P E R S O N	Injured/Deceased INJURED	Injured Deceased Name - Last CORBIN		First LOUISE	Middle M	
	Address			City	State	Zip Code
	Injured DOB	Approx. Age	Sex F	Description Of Injury		
	Injured taken to (Medical Facility) ST LUKE'S HOSPITAL					
003	Position in Vehicle			In Custody <input type="checkbox"/>	Race	Seat Belt
	Relative Notified <input type="checkbox"/>	SP Member/Employee <input type="checkbox"/>	Rank	Date of Entry	Shield	ARS #

S INJURED/DECEASED PERSON INFORMATION						
P E R S O N	Injured/Deceased INJURED	Injured Deceased Name - Last TOURETTE		First ANNE	Middle M	
	Address			City	State	Zip Code
	Injured DOB	Approx. Age	Sex F	Description Of Injury		
	Injured taken to (Medical Facility) ST LUKE'S HOSPITAL					
004	Position in Vehicle			In Custody <input type="checkbox"/>	Race	Seat Belt
	Relative Notified <input type="checkbox"/>	SP Member/Employee <input type="checkbox"/>	Rank	Date of Entry	Shield	ARS #

Kastle Systems History Report for Bobby Valentin

from 4/11/2009 12:00:00 AM to 4/11/2009 11:59:59 PM ast

Date and Time	Name	CardNumber	Org	LockoutReason	Reader
4/11/2009 9:20:04 AM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 9:20:13 AM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 10:00:04 AM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 11:43:23 AM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 11:43:33 AM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 12:09:53 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 4:40:39 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 4:40:48 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 8:36:09 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2009 8:42:44 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		
4/11/2008 8:54:04 PM	KOLEK,JOSEPH	59-10114	GOVERNORS		



There were 11 records found.

[Search Again](#)

What is this ?

Search Parameters for This Report

From 633 Third Ave New York NY

Card activity on NAME kolek

ORG Actuate (ACTUATE),Aegis Consulting (AEGIS),American Council of Learned Societies (ACLS),Audrey Golden (AUDREY),Briguglio Associates (BRIGUGLIO),Casa (CASA),China Airlines (CHINAIRL),Collins Building Services (COLLINS),Comptroller's Office (COMPTRROLL),Conference of Presidents (CONFRES),Empire State Development Corp. (EMPIRESTA),First American Title Corp. (FATC),First American Title Corp. [BLDG Cards] (FATC2),Fresh Air Fund (FAF),German TV (GERMAN TV),Governor's Office (GOVERNORS),Governor's Office [offline 65] (GOVERNORS),High Country Property LLC (HICO),Homeland Security (HOMELAND),Laurel Ridge Asset Management L. P. (LAURELRID),Memorial Sloan Kettering (MSK),Mission of Liechtenstein (LIECHTENS),Mount Sinai (SINAI),New York Business Development (NYBD),SUNY (SUNY),Salibello & Broder (SALIBELLO),Sandhurst Associates LTD (SANDHURST),Swiss Consulate (SWISSCON),Swiss Mission (SWISSMISS),The American Committee for the Weizmann Institute of Science (WEIZMANN),Trac Lease Inc. (TRACLEASE),UNICEF (UNICEF),Union for Reform Judaism [offline code: 75] (URJ),Union for Reform Judaism [offline code: 99] (URJ),Vanguard (VANGUARD),Verizon (VERIZON),World Zionist Organization (WZO)

POLICE ACCIDENT REPORT (NYC)
 MV-104AN (5/04)

ENCLOSURE # 10A

Princt 018
 Accident No. 1140

Complaint Number

AMENDED REPORT

Accident Date: Month 09 Day 17 Year 2009 Day of Week SATURDAY Military Time 2230 No. of Vehicles 1 No. Injured 4 No. Killed 0 Not Investigated at Scene Left Scene Police Photos Reconstructed Yes No

VEHICLE 1 - Driver License ID Number [Redacted] State of Lic. NY VEHICLE 2 - Driver License ID Number [Redacted] State of Lic. [Redacted]
 Driver Name - exactly as printed on license: KOLEK, JOSEPH C Driver Name - exactly as printed on license: FRANCOIS CORBIN

Date [Redacted] Occupants 1 Public Property Damaged Date of Birth [Redacted] Sex F Unlicensed No. of Occupants 1 Public Property Damaged

Name - exactly as printed on registration: New York State Police Sex M Date of Birth [Redacted] Name - exactly as printed on registration: [Redacted] Sex [Redacted] Date of Birth [Redacted]
 Address (include Number & Street): 633 3rd Avenue 38th Fl Apt. No. [Redacted] Haz. Mat. Code Released Address (include Number & Street): [Redacted] Apt. No. [Redacted] Haz. Mat. Code Released
 City or Town: New York State: NY Zip Code: 10017 City or Town: [Redacted] State: [Redacted] Zip Code: [Redacted]

Plate Number: BBC 387 State of Reg. NY Vehicle Year & Make: 2005 CHEV Vehicle Type: SUBV Ins. Code [Redacted] Plate Number: [Redacted] State of Reg. [Redacted] Vehicle Year & Make: [Redacted] Vehicle Type: [Redacted] Ins. Code [Redacted]
 Ticket/Arrest Number(s): [Redacted] Ticket/Arrest Number(s): [Redacted]
 Violation Section(s): [Redacted] Violation Section(s): [Redacted]

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 Box 2 - Most Damage 2 10
 Enter up to three more Damage Codes 3 4 5

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

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

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
 1. Rear End 2. Left Turn 3. Right Angle 4. Right Turn 5. Head On
 6. Sideswipe (same direction) 7. Left Turn 8. Right Turn 9. Sideswipe (opposite direction)

ACCIDENT DIAGRAM: 46th St BROADWAY N W E

Cost of repairs to any one vehicle will be more than \$1000.
 Unknown/Unable to Determine Yes No

Reference Marker: [Redacted] Coordinates (if available): Latitude/Northing: [Redacted] Longitude/Easting: [Redacted]
 Place Where Accident Occurred: BRONX KINGS NEW YORK QUEENS RICHMOND
 Road on which accident occurred: W 46 Street (Route Number or Street Name)
 at 1) intersecting street: [Redacted] (Route Number or Street Name)
 or 2) 15 ON DS RE OW of Broadway (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's Notes: AT T/P/O VEH#1 OPERATOR STATES WHILE TRAVELLING E/B ON W 46 ST. UNKNOWN VEHICLE #1 STOPPED IN INTERSECTION WHILE BLOCKING PEDESTRIAN TRAFFIC. UNKNOWN VEHICLE #2 HEADING S/B ON BROADWAY WAS ABOUT TO HIT VEHICLE #1 THUS FORCING HIM TO CUT RIGHT AND HIT 4 FEMALES WAITING ACROSS STREET. NO DAMAGE TO VEH#1, 4 INJURIES

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A	I	1	4	1	M	-	-	6	-	-	-	-	-	-	KOLEK, JOSEPH	N/A
B	P	-	-	-	F	10	12	6	EMT	St Rosevelt	-	-	-	-	CORBIN, FRANCOIS	N/A
C	P	-	-	-	F	11	12	6	EMT	St Rosevelt	-	-	-	-	CORBIN, ELIZABETH	N/A
D	P	-	-	-	F	11	12	6	EMT	St Rosevelt	-	-	-	-	CORBIN, LOUISE	N/A
E	P	-	-	-	F	1	12	6	EMT	St Rosevelt	-	-	-	-	TOURETTE, ANNE-MARIE	N/A

Officer's Rank and Signature: [Signature] Tax ID No. 94761 NCIC No. 03030 Princt 014 Post/Sector 11 Reviewing Officer Sgt. Perez Date/Time Reviewed 4/12/09
 Print Name: JOHN J. [Redacted]

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT (NYC)
MV-104AN (5/04)

Precinct **019**
Accident No. _____

Complaint Number _____

AMENDED REPORT

1	Accident Date Month: 04 Day: 11 Year: 2009	Day of Week SAT	Military/Time 2230	No. of Vehicles 1	No. Injured 4	No. Killed 0	Not Investigated at Scene <input checked="" type="checkbox"/>	Lift Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	---------------------------	------------------------------	-----------------------------	-------------------------	------------------------	--	--	--

2	VEHICLE 1 State of Lic. _____ Driver Name - exactly as printed on license: ELIZABETH MARIE SOKS CORBIN				VEHICLE 2 State of Lic. _____ Driver Name - exactly as printed on license: LOUISE MARIE CECILEL CORBIN			
---	---	--	--	--	---	--	--	--

3	Case of Birth Sex: <input checked="" type="checkbox"/> Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Date of Birth: _____ City or Town: _____ State: _____ Zip Code: _____	Case of Birth Sex: <input type="checkbox"/> Unlicensed: <input type="checkbox"/> No. of Occupants: _____ Date of Birth: _____ City or Town: _____ State: _____ Zip Code: _____
---	--	---

4	Address (Include Number & Street): _____ City or Town: _____ State: _____ Zip Code: _____	Address (Include Number & Street): _____ City or Town: _____ State: _____ Zip Code: _____
---	--	--

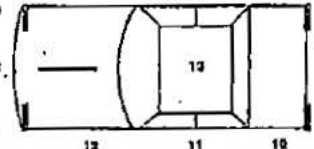
5	Ticket/Arrest Number(s): _____ Violation Section(s): _____	Ticket/Arrest Number(s): _____ Violation Section(s): _____
---	---	---

6	<p>Check if involved vehicle is:</p> <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. <p>VEHICLE 1 DAMAGE CODES</p> <table border="1"> <tr><td>Box 1 - Point of Impact</td><td>1</td><td>2</td></tr> <tr><td>Box 2 - Most Damage</td><td></td><td></td></tr> <tr><td>Enter up to three more Damage Codes</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Vehicle Towed: By _____ To _____</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage			Enter up to three more Damage Codes	3	4	5	<p>Check if involved vehicle is:</p> <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. <p>VEHICLE 2 DAMAGE CODES</p> <table border="1"> <tr><td>Box 1 - Point of Impact</td><td>1</td><td>2</td></tr> <tr><td>Box 2 - Most Damage</td><td></td><td></td></tr> <tr><td>Enter up to three more Damage Codes</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Vehicle Towed: By _____ To _____</p>	Box 1 - Point of Impact	1	2	Box 2 - Most Damage			Enter up to three more Damage Codes	3	4	5	<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>Rear End 1. ← ←</td> <td>Left Turn 3. ↙ ↘</td> <td>Right Angle 4. ↓</td> <td>Right Turn 5. ↘ ↙</td> <td>Head On 7. → ←</td> </tr> <tr> <td>Sideways (same direction) 2. ← ←</td> <td>Left Turn 6. ↙ ↘</td> <td></td> <td>Right Turn 8. ↘ ↙</td> <td>Sideways (opposite direction) 8. → ←</td> </tr> </table> <p>ACCIDENT DIAGRAM</p>	Rear End 1. ← ←	Left Turn 3. ↙ ↘	Right Angle 4. ↓	Right Turn 5. ↘ ↙	Head On 7. → ←	Sideways (same direction) 2. ← ←	Left Turn 6. ↙ ↘		Right Turn 8. ↘ ↙	Sideways (opposite direction) 8. → ←
Box 1 - Point of Impact	1	2																															
Box 2 - Most Damage																																	
Enter up to three more Damage Codes	3	4	5																														
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Enter up to three more Damage Codes	3	4	5																														
Rear End 1. ← ←	Left Turn 3. ↙ ↘	Right Angle 4. ↓	Right Turn 5. ↘ ↙	Head On 7. → ←																													
Sideways (same direction) 2. ← ←	Left Turn 6. ↙ ↘		Right Turn 8. ↘ ↙	Sideways (opposite direction) 8. → ←																													

VEHICLE DAMAGE CODING:

1-13. SEE DIAGRAM ON RIGHT.

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



Reference Marker	Coordinates (if available) Latitude/Northing: _____ Longitude/Easting: _____	Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred: _____ (Route Number or Street Name) at 1) intersecting street: _____ (Route Number or Street Name) or 2) _____ of _____ (Intersect. Nearest Intersection Route Number or Street Name)
------------------	--	---

Accident Description/Officer's Notes **REMOVED TO ST. ROOSEVELTS POLICE NOT A WITNESS**

	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 [Signature]	Tax ID No.	NCIC No. 03030	Precinct	Post/Sector	Reviewing Officer	Date/Time Reviewed
Print Name						

POLICE ACCIDENT REPORT (NYC)

MV-104AN (5/04)

Practise 019
Accident No. [] Complaint Number []

AMENDED REPORT

1 Accident Date: Month 04, Day 12, Year 2009. Day of Week SAT. Military Time 2230. No. of Vehicles 1. No. Injured 4. No. Killed 0. Not Investigated at Scene [X]. Lost Scene []. Police Photos [X] Yes [] No []. Reconstructed [].

2 VEHICLE 1: Driver License ID Number [], State of Lic. [], Driver Name - exactly as printed on license [Redacted]. VEHICLE 2: Driver License ID Number [], State of Lic. [], Driver Name - exactly as printed on license [Redacted].

3 Date of Birth: [Redacted]. Sex: [Redacted]. Unlicensed: []. Occupants: [Redacted]. Property Damaged: [].

4 Address (Include Number & Street): [Redacted]. City or Town: [Redacted]. State: [Redacted]. Zip Code: [Redacted].

5 Plate Number: [Redacted]. State of Reg: [Redacted]. Vehicle Year & Make: [Redacted]. Vehicle Type: [Redacted].

6 Ticket/Arrest Number(s): [Redacted]. Violation Section(s): [Redacted].

7 VEHICLE DAMAGE CODING: 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. VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact, Box 2 - Most Damage.

8 ACCIDENT DIAGRAM: Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Includes diagrams for Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe, Left Turn, Right Turn, Sideswipe (opposite direction).

9 Place Where Accident Occurred: [] BRONX [] KINGS [] NEW YORK [] QUEENS [] RICHMOND. Road on which accident occurred: [Redacted].

10 Accident Description/Officer's Notes: [Redacted]

Table with columns: 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only. Rows A-F.

Officer's Rank and Signature: [Redacted]. Print Name: [Redacted]. Tax ID No.: [Redacted]. NCIC No.: 03030. Precinct: [Redacted]. Post/Sector: [Redacted]. Reviewing Officer: [Redacted]. Date/Time Reviewed: [Redacted].

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of person's kind of injury)

Last Name		First	M.I.	D. Last Name	First
CORBIN		FRANCOIS		CORBIN	LOUISE
Date of Birth		Telephone (Area Code)		Date of Birth	Telephone (Area Code)
Month	Day	Year	()	()	()
Last Name		First	M.I.	E Last Name	First
CORBIN		FRANCOIS		Tourette	Anne-MARIE
Date of Birth		Telephone (Area Code)		Date of Birth	Telephone (Area Code)
CORBIN		ELIZABETH			
Date of Birth		Telephone (Area Code)		Shield No.	

VEHICLE INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN:

Vehicle No. 1 _____ Vehicle No. 2 _____
 Expiration Date _____ Expiration Date _____
 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone
Moorehead, Jerome A	[REDACTED]	[REDACTED]

COPIES REQUIRED FOR:

Dept. of Motor Vehicles (if anyone is killed/injured)
 Motor Transport Division (P.D. vehicle involved)
 NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 Other City Agency (Specify) _____
 Office of Comptroller (if a City vehicle involved)
 Personnel Safety Unit (if a P.D. vehicle involved)
 Highway Unit _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If added person is unidentified, list Missing Person Squad member who as notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYFD VEHICLE IS INVOLVED:

Police Vehicle Operator's First Name		Last Name	Rank	Shield No.	Tax ID No.	Command
Type of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	

Equipment in Use At Time of Accident

Siren
 Horn
 Turret Light
 4-Way Flasher
 High-Level Warning Lights
 Traffic Cones
 Headlights

ACTIONS OF POLICE VEHICLE

Responding to Code Signal _____
 Complying with Station House Directive
 Pursuing Violator
 Routine Patrol
 Other (Describe) _____



INCIDENT REPORT



Report # 09-108

Page 1 of 1

Incident Category: Crime Of Service
(Circle One)

Incident Description: Vehicle Accident

Date Reported: 4-11-09

Time Reported: 2145 HRS

Date Occurred: 4-11-09

Time Occurred: 2145 HRS

Incident Location: West 46th & 7th

Cross Street: _____

Complainant: Name _____

Phone# _____

Address: _____ State: _____ Zip Code: _____

Reporting Officer: SGT. MOOREHEAD

Badge# 3

Witness: Name _____

Phone# _____


Suspect(s): (1) _____

(2) _____

Details: (Who, What, Where, When, How)

AT T/P/O WHILE ON PATROL AT 46th & 7th WE OBSERVED A BLACK CHEVY TAHOE ([REDACTED]) WAS CUT OFF BY A YELLOW CAB, WHICH RESULTED IN 3 PEDESTRIANS BEING STRUCK. BASE WAS NOTIFIED AND EMS WAS NOTIFIED. UPON FURTHER INFORMATION THE CHEVY WAS DRIVEN BY A NEW YORK STATE TROOPER. AT 2155 EMS BUS# (1761) ST LUKES ROOSEVELT ARRIVED ON SCENE TO TREAT THE INJURED. AT 2200 THE AIDED WAS REMOVED TO THE HOSPITAL.

City Agencies On The Scene: NYPD: MTN NYTPD: _____ EMS: (1761) FDNY: ENGINE(S)

Supervisor's Signature: 

***** Arrest Made: Yes _____ / No Assist Arrest Made: Yes _____ No
(For Supervisor's Only)

COURT

THE PEOPLE OF THE STATE OF NEW YORK

--VS--

SUPPORTING DEPOSITION

(Defendant)

STATE OF NEW YORK

COUNTY OF

SS.

of

On	DATE 4-28-09	at	TIME STARTED 12:45	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	FULL NAME Jermaine Moorehead	CITY	STATE NY
----	-----------------	----	-----------------------	---	---------------------------------	------	-------------

state the following: ON SATURDAY, APRIL 11, 2009 AT APPROXIMATELY 2:45 HRS.
I WAS ON THE N.W. COR OF 46th ST & 7th AVE. When I observed a BLACK
CHEVY TAHOE (LIC# BBC-3877) TRAVELING EASTBOUND ON WEST 46th ST.
I then observed A YELLOW CAB CUT OFF THE BLACK SUV WHICH MADE
HIM SWERVED TO THE RIGHT TO AVOID HITTING THE YELLOW CAB. THE
CAB WAS TRAVELING SOUTHBOUND MAKING A LEFT ONTO 46th ST TO GO
EAST. WHICH RESULTED IN THE BLACK TAHOE HITTING 3 PEDESTRIANS.
THE BLACK CHEVY WAS ALMOST STOPPED WHEN THE 3 PEDESTRIANS
STEPPED INTO THE STREET. THE VEHICLE DRIVER STEPPED OUT TO SEE
IF EVERYONE WAS OKAY.

Nothing follows
 (JM)

NOTICE

(Penal Law Sec.210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury

this _____ day of _____, 19 _____

-- OR --

*Subscribed and Sworn to before me

this _____ day of _____, 19 _____

Jermaine Moorehead
(SIGNATURE OF DEPONENT)

[Signature]
(WITNESS)

(NAME OF PERSON TAKING DEPOSITION)

TIME ENDED
1305 am
 pm