
Involved Member(s):

Trooper Michael G Raap

Case Type: Personnel Complaint

Case Number: DCN2020-0180

Finding: Founded

Complainant: Constance Y. Marines

Personnel Complaint Work Sheet				Case Number	
Type: Personnel Inv.		Sub Type:		Incident Date: 5/12/20	
Initiated By: <input checked="" type="checkbox"/> C = Citizen <input type="checkbox"/> S = NYSP				CTV: F3659	
Detail or Troop F				Incident Time: 11:00 AM	
Mode Received <input checked="" type="checkbox"/> EMail <input type="checkbox"/> Fax <input type="checkbox"/> In Person <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Survey				Level of Investigation T 1	
Synopsis of Complaint: Complainant states Tpr. Michael Raap of SP Deerpark failed to properly investigate a motor vehicle accident.					
Subject(s) of Complaint					
Employee ID #	Last Name	First Name	MI	EOD	Maiden Name
██████████	Raap	Michael	G	5/10/99	
Complainant Information (if Member see below)					
Name		Address		City & State	
Constance Y. Marines		██████████		██████████	
Home Phone		Work Phone		Cell Phone	
██████████		██████████			
Member Information (if complainant)					
Employee ID #	Rank/Name				TZS
Administrative Notification Information – Dates are required – Times are desirable					
Receiving Member					
Employee ID #	Rank/Name			Date	Time
██████████	Major Gregory Thomas			6/15/20	10:19 AM
Troop Notification					
Employee ID #	Rank/Name of Member at Troop Notified			Date	Time
██████████	Capt. Mark Nielson			6/16/20	3:27 PM
Employee ID #	Rank/Name of Member Notifying Troop			Date	Time
██████████	Major Gregory Thomas			6/15/20	10:19 AM
Division Notification					
Employee ID #	Rank/Name of Member at Division (or Duty Officer) Notified			Date	Time
██████████	Major Gregory Thomas			6/15/20	9:00 AM
Employee ID #	Rank/Name of Member Reporting Complaint to Division			Date	Time
██████████	Capt. Peter Cirigliano II			6/17/20	2:00 PM
Employee ID #	Rank/Name of Investigating Member			Date	Time
██████████	Sgt. Andre Terry			6/17/20	2:02 PM

Some fields have a built-in Help feature that will work when opened with Word. With the cursor on the field, you may click F1 to invoke Help or check the status bar on the lower left for tips on data entry.

**PROFESSIONAL STANDARDS BUREAU
PERSONNEL COMPLAINT TRACKING**

DCN: 2020-0180	CTV: F3668	REGION: <u>SRO</u>	LEVEL: 1	TYPE: Personnel Complaint
Subject(s): Trooper Michael G. Raap				
Investigated by: <u>Sergeant Andre R. Terry</u>			Troop or Detail <u>F</u>	
Staff Inspector: Gregory Thomas			Date: occurred on <u>5/12/20</u>	
SUBJECT HISTORY REVIEWED? <input checked="" type="checkbox"/> AUDIO? <input type="checkbox"/> VIDEO? <input type="checkbox"/> ON PROBATION? <input type="checkbox"/>				

ALLEGATION: Service Complaint

SYNOPSIS: On June 13, 2020, complainant contacted PSB-HQ regarding a motor vehicle collision investigated by Trooper Raap, wherein he failed to obtain pertinent information of an uninvolved, yet potentially contributory tractor trailer.

On May 12, 2020, Trooper Raap responded to a minor PIAA at SR 284 and CR 93, T/Wawayanda. Complainant stated the uninvolved tractor trailer began to enter her lane, causing her to take evasive action and run off the roadway, striking a culvert. Trooper Raap interviewed the uninvolved operator, but failed to document any information, which would have allowed the complaint to make a claim for damages sustained as a result of the collision.

Major James C. Michael, Troop F Commander, determined this Personnel Complaint is Founded, with Tpr Raap violating NYSP Regulation:
8A2 for Failure to comply with Rules/Regulation/Instructions, specifically:
Article 38J3(a)(1) Investigate all motor vehicle collisions reported to you and determine what action is necessary to perform a complete investigation.

A/Inspector Gregory Thomas concurs with the findings of Major Michael.

Finding of Investigation: **Founded** **Unfounded** **Unsubstantiated** **Closed by Investigation**

Recommended Level of Adjudication: **Troop Level** **Division Level**

Adjudicated at Troop Date: 11/23/2020 Disposition: Letter of Censure

Date Forwarded to Assistant Deputy Superintendent – Professional Standards Bureau: GST 12/01/2020

Assistant Deputy Superintendent – Professional Standards Bureau Date: _____

Comments:

Finding of Investigation: **Founded** **Unfounded** **Unsubstantiated** **Closed by Investigation**

Recommended Level of Adjudication: **Troop Level** **Division Level**

Date Forwarded to Deputy Superintendent – Professional Standards Bureau

Deputy Superintendent – Professional Standards Bureau Date: _____

Comments:

Division Level Recommended **Troop Level Recommended**

Date Forwarded to First Deputy Superintendent:

First Deputy Superintendent Date: _____

Direction:

Troop Level—Return to Chief Inspector **Division Level -- Forward to Division Counsel**

Date Forwarded to Counsel or the Chief Inspector:

Troop Level Rank/Name of Member Notified _____

Date Notified: _____ Notified by Whom: _____



**State
Police**

ANDREW M. CUOMO
Governor

KEITH M. CORLETT
Superintendent

November 23, 2020

Trooper Michael G. Raap
New York State Police
Deerpark, NY

RE: DCN 20200180

LETTER OF CENSURE

Dear Trooper Raap:

On May 12, 2020 at approximately 11:00AM, you responded to a one-car motor vehicle accident at the intersection of State Route 208 and County Route 93 in the Town of Wawayanda. The sole occupant of the vehicle later alleged that you failed to adequately investigate the accident when you did not obtain the identity of the male operator of a tractor trailer who she alleged had caused her to crash her car. Subsequent investigation determined that you also did not obtain the registration information of the tractor trailer, information which could have been pertinent to the accident investigation. In failing to complete an adequate motor vehicle collision investigation and determine what action was necessary to perform a complete investigation, you acted in violation of Regulation 8A2.

On November 23, 2020, you appeared before me, executed a waiver and requested that I adjudicate the discipline in this matter.

Accordingly, it is my decision that you receive a letter of censure for your actions. I trust that you will not allow this to happen again.

Sincerely,

A handwritten signature in cursive script, appearing to read "James C. Michael".

Major James C. Michael
Troop Commander
Troop F

Administrative Investigation Report	PC #	20200180	RCN #	
	SJS #	9584605	Date:	05/12/2020

Type of Investigation					
Incident Review	<input type="checkbox"/>	Level 1 PC	<input checked="" type="checkbox"/>	On-Duty Injury/Illness	<input type="checkbox"/>
Injury/Illness to Person Prior to Custody	<input type="checkbox"/>	Injury/Illness to Person Being Taken into Custody	<input type="checkbox"/>	Injury/Illness to Person While in Custody	<input type="checkbox"/>
Division Vehicle PDAAs	<input type="checkbox"/>	Division Vehicle PIAAs	<input type="checkbox"/>	Damage/Loss of Division Property	<input type="checkbox"/>

Member Receiving Initial Complaint					
Name (Last, First, MI)		Rank	Employee ID #	TZS	Shield
Anderson, Erik, P		Sergeant	[REDACTED]	F261	2259
Reported By: Telephone					
Date Occurred: 05/12/2020	Time Occurred: 11:00 am	Date Reported: 06/13/2020	Time Reported: 3:00 pm		
Place of Occurrence: State Route 284 and County Route 93 T/Wawayanda					
County: Orange		CTIV: T/Wawayanda		CTV Code: F3668	
Synopsis: Trooper Michael Raap investigated a one car motor vehicle accident with injuries at the intersection of State Route 284 and County Route 93 in the T/Wawayanda.					

Member(s) Involved					
Name (Last, First, MI)	Rank	Employee ID #	TZS	Shield	Race
Raap, Michael, G	Trooper	[REDACTED]	F262	2989	White

Involved Person #1 - COMPLAINANT						
Name (Last, First, MI)		DOB	Race		Sex	
Marines, Constance, Y		[REDACTED]	White		F	
Address		City	State	Zip	Phone	
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
If Member:	Rank	Employee ID #	TZS	Shield	Duty Time Lost	ARS #
					hrs	

Injury or Illness	Nature:	
	How Occurred:	
	Name of Hospital/EMS:	
	Treated by:	
	Treatment Refusal Witnessed by:	
	If Prisoner - Charges:	
	Use of Force:	Type of Force: 1) _____ 2) _____

Administrative Investigation Report	PC #	20200180	
	SJS #	9584605	Date: 05/12/2020

Person Interviewed #1					
Name (Last, First, MI)		DOB	Race	Sex	
Marines, Constance, Y			White	F	
Address	City	State	Zip	Phone	

Person Interviewed #2					
Name (Last, First, MI)		DOB	Race	Sex	
Hanak, Robin, D			White	F	
Address	City	State	Zip	Phone	

Vehicle #1						N/A
Operator (Last, First, MI)		DOB	Race	Sex		
Make	Model	Year	Color	Reg. State	Reg. #	
Division Vehicles:	Mileage	VAN #				

Vehicle #2						N/A
Operator (Last, First, MI)		DOB	Race	Sex		
Make	Model	Year	Color	Reg. State	Reg. #	
Division Vehicles:	Mileage	VAN #				

Property #1						N/A
Type	Reason for Damage/Loss		VAN #		Reg. #	
Make	Model	Year	Cal/Ga	Serial #		
Property Description		Damage Description			Property Value	
					\$	
Owner (Last, First, MI)		DOB	Race	Sex		
Address	City	State	Zip	Phone		

Person Interviewed Supplemental	PC #	20200180		
	SJS #		Date:	05/12/2020

Person Interviewed # 3				
Name (Last, First, MI)		DOB	Race	Sex
Hanak, Robert			White	M
Address	City	State	Zip	Phone

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Person Interviewed #					N/A
Name (Last, First, MI)		DOB	Race	Sex	
Address	City	State	Zip	Phone	

Administrative Investigation Report	PC #	20200180	Date: 05/12/2020
	SJS #	9584605	

Enclosures Check List (Check all that apply)

Memo(s)	<input checked="" type="checkbox"/>	Last Name of Person(s) Submitting Memo(s): Raap		
Depositions and/or Statements	<input checked="" type="checkbox"/>	Last Name of Person(s) Signing Deposition(s) and/or Statement(s): Marines		
Medical Deposition(s)	<input type="checkbox"/>	Title and Last Name	EMS Service or Medical Facility	
AMS Message	<input type="checkbox"/>	[REDACTED]		
IJ Portal Message	<input type="checkbox"/>			
GENL-34D Photo Record	<input type="checkbox"/>			
GENL-89 Use of Chemical Agent	<input type="checkbox"/>			
GENL-90 Use of Taser X26/X26P	<input type="checkbox"/>			
GENL-91 Vehicle Pursuit Report	<input type="checkbox"/>			
MV-104A Police Accident Report	<input checked="" type="checkbox"/>			
Non-SP Collision/Incident Report (TRACS)	<input type="checkbox"/>			
Audio Recording	<input type="checkbox"/>	# Enclosed:	Transcript enclosed:	Enter Source:
Video Recording	<input type="checkbox"/>	# Enclosed:	Transcript enclosed:	Enter Source:
GENL-81 Medical Release	<input type="checkbox"/>	Last Name(s):		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
GENL-81E Medical Release	<input type="checkbox"/>	Employee(s) Last Name:		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
GENL-81M Medical Release	<input type="checkbox"/>	Member(s) Last Name:		Records Enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Enclosures	<input checked="" type="checkbox"/>	Describe: Accident Exchange Information Form		

Administrative Investigation Report	PC #	20200180	
	SJS #	9584605	Date: 05/12/2020

Report of:

Name	Rank	Employee ID #	TZS
Andre R Terry	Sergeant	[REDACTED]	F261
Signature	Date		
<i>SCT R R [Signature]</i>	10/27/2020		

Reviewed by:

Name	Rank	Employee ID #	TZS
Thomas Brozycki	Lieutenant	[REDACTED]	F200
Signature	Date		
<i>T Brozycki</i>	10/27/2020		

1st Endorsement

To: Troop Commander

From: CAPTAIN PETER J. CIRIGLIANO II

I concur with the findings of this investigation: Yes No

Signature: *Capt Peter [Signature]* Date: 11/3/20

2nd Endorsement

To: Division Headquarters

From: *Major J.C. [Signature]*

I concur with the findings of this investigation: Yes No

Signature: *[Signature]* Date: 11/5/20

If Division Vehicle Collision check appropriate status:

Preventable Non-Preventable

If Personnel Complaint check appropriate status:

Founded Unfounded Unsubstantiated Closed by Investigation

If Founded, complete the following:

Date: _____ Rule 3 Waiver Form attached Copy of Memorandum of Disposition to Member Attached

Disposition imposed under Rule 3:

No Action Warranted Letter of Censure Intra - Troop Transfer Probation Loss of A.L. Days

of days: _____ # of days: _____

Administrative Investigation Report Narrative	PC #	20200180	
	SJS #	9584605	Date: 10/27/2020

On 05/12/2020 at approximately 11:00 a.m. Trooper MICHAEL RAAP responded to a one car motor vehicle accident with injuries at the intersection of State Route 284 and County Route 93 in the Town of Wawayanda. CONSTANCE MARINES was the operator and the sole occupant of a 2018 Ford bearing New York registration JRM3813. (Reference Accident Report #SP2F20BTS9GH).

On 07/13/2020, I interviewed MARINES and secured a deposition from her which states in sum and substance that Trooper RAAP failed to adequately investigate a motor vehicle accident by failing to obtain the identity of the male operator of the tractor trailer who she alleges caused her to crash her vehicle.

On 08/03/2020, I interviewed Trooper RAAP, who stated he investigated the accident involving MARINES. Trooper RAAP stated he interviewed MARINES as well as the male operator of the tractor trailer. Trooper RAAP stated he also interviewed ROBIN HANAK, who was at the scene but did not witness the accident. Trooper RAAP stated he did not obtain the identity of the male operator of the tractor trailer nor did he obtain the registration of the tractor trailer.

On 10/21/2020, I interviewed ROBIN HANAK, who stated she was at the accident scene to comfort her friend, MARINES, but she did not witness the accident and did not know the identity of the male operator of the tractor trailer. ROBIN HANAK declined to provide a deposition.

On 10/27/2020, I interviewed ROBERT HANAK of Grand Prix Auto, who responded to the accident scene and towed MARINES'S vehicle to his shop. ROBERT HANAK stated he did not know the identity of the male operator of the tractor trailer. ROBERT HANAK declined to provide a deposition.

Investigation into this matter revealed that Trooper RAAP failed to obtain the identity of the male operator of the tractor trailer as well as the vehicle's registration, which would have been pertinent to the accident investigation.

The complaint is founded in that Trooper Raap violated Regulation 8A2, failure to comply with instructions, specifically Article 38J3 (a)(1) of the Members Manual which states, Members should investigate all motor vehicle collisions reported and determine what action is necessary to perform a complete investigation.

NEW YORK STATE POLICE

MEMORANDUM

Troop F Station Deerpark

Date November 10, 2020

To: Major James C. Michael, Troop F Commander

From: Trooper Michael G. Raap 

Subject: **DISCIPLINARY ACTION**

I hereby request to have the above-captioned investigation adjudicated by the Troop Commander pursuant to 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 the Troop Commander's adjudication, which may be a determination of unfounded or, upon a finding of guilt, the imposition of the following penalties:
 - i. A letter of censure and/or
 - ii. An intra-troop transfer and/or
 - iii. A fine to be expressed in the loss of no more than five vacation days to be worked by me with no additional compensation or overtime.

NEW YORK STATE POLICE**MEMORANDUM**Troop F Station SP DeerparkDate August 3, 2020**To: Major JAMES C. MICHAEL, Troop F, Troop Commander****From: Trooper MICHAEL RAAP****Subject: PERSONNEL COMPLAINT**

I was advised of my rights to representation pursuant to Article 16.2 of the contract by Sergeant ANDRE TERRY. I provide the following account:

On May 12, 2020 at 11am I responded to a 1 car accident (SP2F20BTS9GH) at the ST 284 and CR 93 intersection in the Town of Wawayanda. Upon arrival at the scene, I observed a 2018 Ford in a culvert in a field on the western shoulder of ST 284. The operator of the vehicle, CONSTANCE MARINES, was sitting on the northern shoulder of CR 93 along with a female friend. I spoke to MARINES who stated she was driving northbound on ST 284. She observed a tractor trailer facing west at the stop sign on CR 93 at the ST 284 intersection. MARINES stated that the tractor trailer began to proceed west on CR 93 into the intersection of ST 284. She then swerved to the left to avoid striking the uninvolved tractor trailer. She then drove off the western shoulder of ST 284 striking a culvert in the field.

I then spoke to MARINE's female friend, ROBIN HANAK, who stated she was assisting MARINES with a chest injury suffered from the accident. She stated she did not observe the accident.

I then located the tractor trailer parked on CR 93 just prior to the ST 284 intersection. I interviewed the male operator who stated in sum and substance that he was driving westbound on CR 93 and stopped at the stop sign at the intersection of ST 284. He then began to slowly proceed forward but did not enter the intersection (the stop sign and white stop line are set back a couple of feet from the intersection). He stated he stopped when he observed the 2018 Ford. He then observed that same vehicle drive off the western shoulder of ST 284 and into the field. I did not obtain the operator's name, date of birth, address, or telephone number.

Grand Prix auto then responded and removed the 2018 Ford from the field.

NEW YORK STATE POLICE

THE PEOPLE OF THE STATE OF NEW YORK

-- vs. --

Defendant(s)

<p align="center"><u>INCIDENT LOCATION:</u></p> <p>STATE OF NEW YORK <u>LOCAL CRIMINAL</u> COURT</p> <p>COUNTY OF <u>ORANGE</u></p> <p>TOWN of <u>WAWAYANDA</u></p>	<p align="center"><u>LOCATION OF DEPOSITION:</u></p> <p>STATE OF NEW YORK</p> <p>COUNTY OF <u>ORANGE</u></p> <p>TOWN of <u>GREENVILLE</u></p>
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Date	Time Started	Full Name:
07/13/2020	08:41 PM	CONSTANCE Y MARINES
Date of Birth	No. and Street	CITY
		State

State The Following:

ON 07/13/20 I WENT TO THE STATE POLICE BARRACKS LOCATED ON US HIGHWAY 6 IN THE TOWN OF GREENVILLE TO MEET WITH SERGEANT ANDRE TERRY REGARDING A COMPLAINT I MADE WITH THE NEW YORK STATE POLICE. ON 05/12/20 AT APPROXIMATELY 11:00 AM I WAS TRAVELING ON STATE ROUTE 284 IN THE TOWN OF WAWAYANDA OPERATING MY 2018 FORD EDGE BEARING NEW YORK REGISTRATION JRM3813. I WAS APPROACHING THE INTERSECTION OF STATE ROUTE 284 AND COUNTY ROUTE 93 WHEN I OBSERVED A TRACTOR TRAILER ON COUNTY ROUTE 93 STOPPED AT THE STOP SIGN. THE TRACTOR TRAILER THEN PROCEEDED ACROSS THE INTERSECTION AND FAILED TO YIELD THE RIGHT AWAY TO MY VEHICLE. I TOOK EVASIVE ACTION TO AVOID FROM COLLIDING WITH THE TRACTOR TRAILER AND SUBSEQUENTLY LOST CONTROL OF MY VEHICLE, WENT OFF THE ROADWAY AND STRUCK A CULVERT. I WAS ABLE TO EXIT MY VEHICLE AND SAW THE DRIVER OF THE TRACTOR TRAILER RUNNING TOWARDS ME. HE WAS A WHITE MALE IN HIS EARLY 40s BROWN HAIR APPROX 5'10" AND WEIGHED APPROX 210 POUNDS. THE MALE WAS VISIBLY SHAKEN UP AND HE ASKED ME IF I WAS OK. I THEN ASKED THE MALE WHY DID HE PULL OUT IN FRONT OF ME AND HE STATED THAT HE DID NOT SEE ME AND HE APOLOGIZED TO ME. TROOPER MICHAEL RAAP OF THE STATE POLICE ARRIVED ON SCENE TO INVESTIGATE THE ACCIDENT. TROOPER RAAP OBTAINED PERTINENT INFORMATION FROM ME FOR THE ACCIDENT REPORT AND ADVISED ME THAT HE WAS GOING TO SPEAK WITH THE DRIVER OF THE TRACTOR TRAILER. WHEN TROOPER RAAP CAME BACK TO ME, HE PROVIDED ME WITH AN ACCIDENT EXCHANGE FORM HAVING ACCIDENT REPORT #

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 13TH day of JULY, 2020

Constance Y Marines
 (SIGNATURE OF DEPONENT)

- OR -

* Subscribed and Sworn to before me

this _____ day of _____

(WITNESS)

Sgt ANDRE TERRY
 (NAME OF PERSON TAKING DEPOSITION)

Time Ended
07/13/2020 09:25 PM

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

NEW YORK STATE POLICE

State The Following:

SP2F20BTS9GH WHICH HAD MY INFORMATION ONLY ON IT. I SUBSEQUENTLY CONTACTED MY INSURANCE COMPANY TO NOTIFY THEM OF THE ACCIDENT I WAS INVOLVED IN ON 05/12/20. MY INSURANCE COMPANY INQUIRED ABOUT THE INFORMATION OF THE OTHER DRIVER WHICH I DID NOT HAVE AT THE TIME. I CALLED THE STATE POLICE BARRACKS IN MIDDLETOWN AND WAS TOLD THE OTHER DRIVER'S INFORMATION SHOULD BE ON THE ACCIDENT REPORT. WHEN I RECEIVED ACCIDENT REPORT # SP2F20BTS9GH, TO MY SURPRISE I DID NOT SEE THE OTHER DRIVER'S INFORMATION ANYWHERE ON THE ACCIDENT REPORT. I CALLED TROOPER RAAP IMMEDIATELY AND ASKED HIM WHY ISN'T THE OTHER DRIVER'S INFORMATION ON THE ACCIDENT REPORT. TROOPER RAAP ADVISED ME THAT SINCE I DID NOT MAKE CONTACT WITH THE OTHER VEHICLE THERE WAS NO NEED FOR THE OTHER DRIVER'S OR VEHICLE'S INFORMATION TO BE IN THE ACCIDENT REPORT. I ADVISED TROOPER RAAP THAT THERE WAS A FEMALE SUBJECT WHO WAS AT THE ACCIDENT SCENE WHO STATED THAT THE TRACTOR TRAILER WAS LEFT IN THE INTERSECTION OF STATE ROUTE 284 AND COUNTY ROUTE 93. TROOPER RAAP ADVISED ME THAT THE FEMALE SUBJECT DID NOT WITNESS THE ACCIDENT. I IMMEDIATELY ADVISED TROOPER RAAP THAT I WANTED TO SPEAK WITH A SUPERVISOR FROM THE STATE POLICE. I SPOKE TO SERGEANT ERIK ANDERSON OF THE STATE POLICE AND SUBSEQUENTLY CONTACTED THE STATE POLICE IN ALBANY NY TO MAKE A FORMAL COMPLAINT.

CYR

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 13TH day of JULY, 2020

Constance Y. Marie Ortolano
(SIGNATURE OF DEPONENT)

- OR -

* Subscribed and Sworn to before me

this _____ day of _____

(WITNESS)

SGT ANDREW TERRY
(NAME OF PERSON TAKING DEPOSITION)

Time Ended
07/13/2020 09:25 PM

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

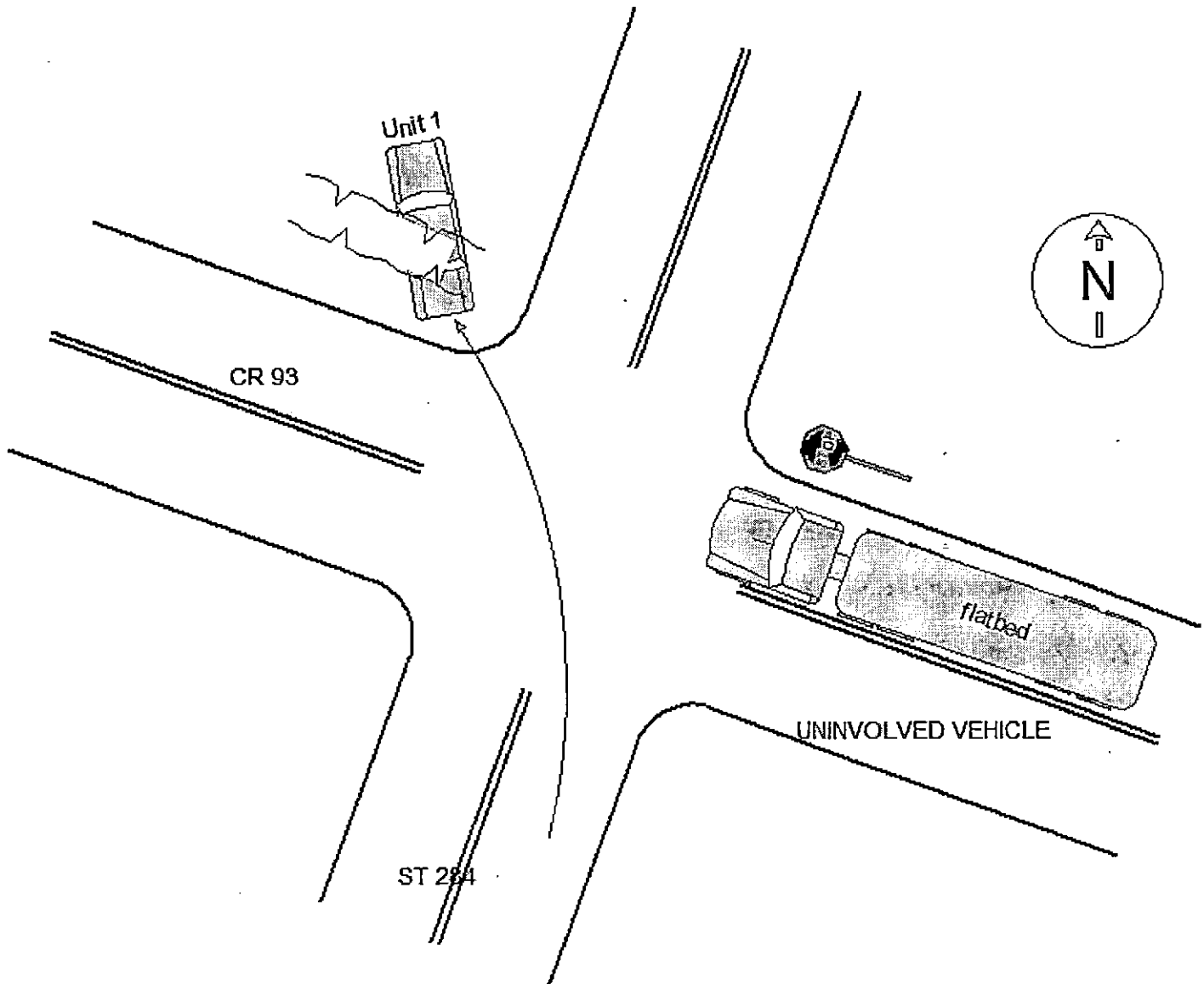
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
9584605
SP2F20BTS9GH

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	<input type="checkbox"/> Left Scene	Police Photos
Month	Day	Year	TUESDAY	11:00	1	1	0	Accident Reconstructed	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	12	2020								



ACCIDENT INFORMATION EXCHANGE FORM

NY State Law requires that any accident resulting in a fatality, injury or damage to property of any person (including damage to your vehicle) or entity over \$1000 be reported by YOU to the Department of Motor Vehicles (DMV) within 10 days after an accident. Failure to report an accident or failure to give correct information is a misdemeanor and may result in the suspension/revocation of your driver's license (or operating privilege in NYS) and all vehicle certifications or registrations.

Report your Accident to DMV on DMV form MV-104 (Report of Motor Vehicle Accident). Police Accident Reports (DMV form MV-104A) DO NOT satisfy YOUR civilian reporting requirement.

Accident Report #	Local Codes	Date	Time	# of Veh.	Town, City, Road Name
SP2F20BTS9GH	9584605	5/12/2020	11:00 AM	1	MINISINK, TOWN OF - 3659 ROUTE 284
Police Agency			Officer's Name/Badge ID#		
SP DEERPARK - 13508			RAAP	MICHAEL	G 2989

VEHICLE # 001

Operator's Name		Date of Birth	Address	
MARINES	CONSTANCE Y	[REDACTED]	[REDACTED]	
City/State/Zip	Motorist I.D.#	Vehicle Year and Make		License Plate # and State
[REDACTED]	[REDACTED]	2018	FORD	JRM3813 NY
Vehicle Type	Insurance Code and Company	Vehicle Owner		
SUBN	639 - GEICO GEN INS CO	MARINES	CONSTANCE	Y
Vehicle Towed By		Vehicle Towed To		
GRAND PRIX		GRAND PRIX		

Miscellaneous Notes

Please wait 14 days before contacting DMV to request a copy of your accident report.

If you want to purchase a copy of the police accident report, form MV-104A, complete DMV's "REQUEST FOR COPY OF ACCIDENT REPORT" form MV-198C and send it to DMV. The form and instructions are available at www.dmv.ny.gov or at your local DMV office.

To obtain a blank civilian Accident Report (Form MV-104), visit the DMV office nearest you or access forms online at www.dmv.ny.gov