

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

19
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Local Codes
SP3G49998DB9

AMENDED REPORT

DMV COPY

1	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 03	Day 03	Year 2019	SUNDA	05:35	1	0	0	Accident Reconstructed <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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2	VEHICLE 1						VEHICLE 2					
	License ID Number 724978998 Driver Name - exactly as printed on license: GLAZOWSKI, KRZYSZTOF Address (Include Number & Street): 6404 CHELSEA CV N City or Town: HOPEWELL JUNCTI State: NY Zip Code: 125330000						License ID Number Driver Name - exactly as printed on license Address (Include Number & Street) City or Town State Zip Code					
	Date of Birth: 05/27/1958 Sex: M Name - exactly as printed on registration: KAG, LEASING I Address (Include Number & Street): 4366 MT PLEASANT ST NW City or Town: NORTH CANTON State: OH Zip Code: 44720						Date of Birth Name - exactly as printed on registration Address (Include Number & Street) City or Town State Zip Code					
	Plate Number: PWE6343 State of Reg: OH Vehicle Year & Make: 2012 VOLV Vehicle Type: TRAC Ins. Code: 989						Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code					

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3	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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3

4	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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5	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

6	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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1

7	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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8	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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2

9	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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10	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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11	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth			Sex	Unlicensed	No. of Occupants	Public Property Damaged
	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>	Month 05	Day 27	Year 1958	M	<input type="checkbox"/>	1	<input type="checkbox"/>

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Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
8 8 I	Latitude/Northing: 554074	County SCHO <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <input checked="" type="checkbox"/> SCHOHARIE, TOWN OF
9 5 0 7	Longitude/Easting: 4727868	Road on which accident occurred INTERSTATE 88 (Route Number or Street Name)
1 1 6 6		at 1) intersecting street (Route Number or Street Name)
		or 2) .5 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of smith rd (Milepost, Nearest intersecting Route Number or Street Name)

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	01	1	4	1	60	M	-	-	-					GLAZOWSKI, KRZYSZTOF	
B															
C															
D															
E															
F															

Officer's Rank and Signature	TPR	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	JASON K SADDLEMIRE	4542	14701	G3	41	MONTRYM, JEREM	03/17/2019 19:46

