

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT (NYC)**  
MV-104AN (7/11)

Precinct  
**068**  
Accident No.  
**MV-2019-068-001068**

Complaint  
Number

AMENDED REPORT

19  
-

1  
Accident Date: Month 5, Day 10, Year 2019. Day of Week: FRIDAY. Military Time: 13:30. No. of Vehicles: 2. No. Injured: 0. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos:  Yes,  No. Reconstructed: .

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2  
VEHICLE 1: Driver License ID Number B621540464150, State of Lic. FL, Driver Name BERKOVICH, MARK, Address 16909 N BAY RD, SUNNY ISLES, FL 33160. VEHICLE 2:  VEHICLE 2, Driver License ID Number 332766714, State of Lic. NY, Driver Name TEDALDI, JEANINE, A, Address 814 70 STREET, BROOKLYN, NY 11228.

21  
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3  
Date of Birth: V1 (11/15/1946), V2 (3/7/1999). Sex: V1 (M), V2 (F). No. of Occupants: V1 (2), V2 (1). Public Property Damaged: .

22  
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4  
Name-exactly as printed on registration: V1 (BERKOVICH, MARK), V2 (TEDALDI, JOSEPH, P). Address: V1 (16909 N BAY RD), V2 (814 70 STREET).

23  
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5  
Plate Number: V1 (HLJ126, FL), V2 (DDC9240, NY). Vehicle Year & Make: V1 (2016 TOYOTA), V2 (2009 NISSAN). Vehicle Type: V1 (SEDAN), V2 (SEDAN). Ins. Code: V1 (9412), V2 (639).

24  
4

6  
Ticket/Arrest Number(s):  
Violation Section(s):

25  
1

7  
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact (1, 2), Box 2 - Most Damage (3, 3), Enter up to three more Damage Codes (4, 4, 5). VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact (1, 2), Box 2 - Most Damage (5, 6), Enter up to three more Damage Codes (3, 4, 5). ACCIDENT DIAGRAM: 0 LEFT TURN (SAME DIR).

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27  
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8  
Reference Marker: Coordinates (if available): Latitude/Northing: 40.630814, Longitude/Easting: -74.02508. Place Where Accident Occurred:  BRONX,  KINGS,  NEW YORK,  QUEENS,  RICHMOND. Road on which accident occurred: 4 AVENUE. (Route Number or Street Name). at 1) intersecting street BAY RIDGE PARKWAY. (Route Number or Street Name). or 2) Feet Miles of (Milepost, Nearest Intersecting Route Number or Street Name).

29  
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9  
Accident Description/Officer's Notes: AT TPO V1 STATES WHILE DRIVING STRAIGHT HE HAD THE GREEN LIGHT WHEN V2 MADE A LEFT TURN STRIKING HIS VEHICLE. V2 STATES WHILE STOPPED AT THE INTERSECTION WAITING TO MAKE A LEFT TURN, SHE PROCEEDED TO MAKE THE LEFT TURN WHEN V1 SPED UP AND STRUCK HER VEHICLE. NO INJURIES.

30  
1

USE COVER SHEET  
P

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	72	M	-	-	-	-	-	-	-	BERKOVICH, MARK	
B	1	3	4	1	70	F	-	-	-	-	-	-	-	LIMENIS, IRMA	
C	2	1	A	1	20	F	-	-	-	-	-	-	-	TEDALDI, JEANINE, A	

Officer's Rank and Signature: POM. Print Name: CHRISTIAN RODRIGUEZ. Tax ID No.: 961189. NCIC No.: 03030. Precinct: 068. Post/Sector: Reviewing Officer: SGT JOSEPH AMODIO. Date/Time Reviewed: 05/10/2019 21:54.

**PERSONS KILLED OR INJURED IN ACCIDENT** (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____	Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Last Name _____ First _____ M.I. _____ Address _____ Date of Birth: Month _____ Day _____ Year _____ Telephone (Area Code) _____ Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: _____ Shield No. _____
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**ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.**

Vehicle No. 1 <u>913554713</u>	Vehicle No. 2 <u>4498105529</u>
Expiration Date <u>08/21/2019</u>	Expiration Date <u>06/25/2019</u>
VIN <u>4T1BF1FK9GU246078</u>	VIN <u>3N1BC13E59L412902</u>

**WITNESS (Attach separate sheet, if necessary)**

Name	Address	Phone

**DUPLICATE COPY REQUIRED FOR:**

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

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

<b>PROPERTY DAMAGED</b> (other than vehicles)	<b>OWNER OF PROPERTY</b> (include city agency, where applicable)

**IF NYPD VEHICLE IS INVOLVED:**

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

**ACTIONS OF POLICE VEHICLE**

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe) _____	

Left Turn (same dir) : MV-2019-068-001068

Reporting Officer : POM CHRISTIAN RODRIGUEZ

Reviewing Officer : SGT JOSEPH AMODIO Reviewed Date : 05/10/2019 21:54

