

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
OGD25-11872
1F0999KWWBH1

AMENDED REPORT

1	Accident Date Month: 10, Day: 20, Year: 2025	Day of Week MONDAY	Military Time 17:18	No. of Vehicles 2	No. Injured 2	No. Killed 1	Not Investigated at Scene Accident Reconstructed	Left Scene	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
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2	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21
	Driver Name - exactly as printed on license		Driver Name - exactly as printed on license		
	Address (Include Number and Street)	Apt. No.	Address (Include Number and Street)	Apt. No.	

3	City or Town	State	Zip Code	City or Town	State	Zip Code	22				
	Date of Birth Month, Day, Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth Month, Day, Year	Sex	Unlicensed	No. of Occupants	Public Property Damaged	23

4	Name - exactly as printed on registration	Sex	Date of Birth Month, Day, Year	Name - exactly as printed on registration	Sex	Date of Birth Month, Day, Year	24		
	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	Address (Include Number and Street)	Apt. No.	Haz. Mat. Code	Released	24
	City or Town	State	Zip Code	City or Town	State	Zip Code			

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)					Ticket/Arrest Number(s)					25

6	Violation Section(s)	Violation Section(s)	25	
7	<p>Check if involved vehicle is:</p> <p><input type="checkbox"/> more than 95 inches wide;</p> <p><input type="checkbox"/> more than 34 feet long;</p> <p><input type="checkbox"/> operated with an overweight permit;</p> <p><input type="checkbox"/> operated with an overdimension permit.</p>	<p>Check if involved vehicle is:</p> <p><input type="checkbox"/> more than 95 inches wide;</p> <p><input type="checkbox"/> more than 34 feet long;</p> <p><input type="checkbox"/> operated with an overweight permit;</p> <p><input type="checkbox"/> operated with an overdimension permit.</p>	<p>Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.</p>	26

VEHICLE DAMAGE CODES	VEHICLE DAMAGE CODES	ACCIDANT DIAGRAM	27
Box 1 - Point of Impact	Box 1 - Point of Impact		
Box 2 - Most Damage	Box 2 - Most Damage		
Enter up to three more damage codes	Enter up to three more damage codes		
Vehicle By:	Vehicle By:		
Towed To:	Towed To:		

VEHICLE DAMAGE CODING:	1-13 SEE DIAGRAM ON RIGHT.	14. UNDERCARRIAGE	17. DEMOLISHED	15. TRAILER	18. NO DAMAGE	16. OVERTURNED	19. OTHER	28
Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County MONROE	City	Village	Town	of		29
	Longitude/Easting	Road on which accident occurred						
		at 1) intersecting street						
		or 2) _____	N	S	of			
		_____ feet _____ miles	E	W	(Milepost, Nearest intersecting Route Number or Street Name)			

Accident Description/Officer's notes

wrist and was transported to Strong Hospital by Gates EMS. D2 had neck pain and had family transport him to Strong Hospital for evaluation. The passenger in V2 was transported to Strong Hospital by Gates EMS and later died. V1 and V2 were towed to Jims Service. W1, W2 and W3 provided their information and statements were obtained later in the night. R/O arrived at Strong Hospital to speak with D1. R/O completed some SFST's with D1, including HGN,

8	9	10	11	12	13	14	15	16	17	BY	30
A											
B											
C											
D											
E											
F											
OFFICER'S RANK AND SIGNATURE	OFFICER	<i>A. Hughes</i>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed			
Print Name in Full	AMANDA HUGHES		2389	03759			BENNETTI, MARK	10/27/2025 17:22			

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	City or Town	State	Zip Code	City or Town	State	Zip Code	24		

5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	25
	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25								

6	Violation Section(s)	Violation Section(s)	25	
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Enter up to three more damage codes	Enter up to three more damage codes		
Vehicle By:	Vehicle By:		
Towed To:	Towed To:		

Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County MONROE Road on which accident occurred at 1) intersecting street or 2)	City Village Town of (Route Number or Street Name) (Route Number or Street Name) N S of E W (Milepost, Nearest intersecting Route Number or Street Name)	29
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Accident Description/Officer's notes
negative for any impairment. PBT results .00%. R/O collected D1's phone per Chief Gray and the Monroe County DA's office and completed a PCR. R/O and Chief Gray followed up with D2 and family. On 10/26/25 R/O issued D1 a UTT for VTL 1141 and released his phone back to him per Investigator Sherman. Nothing further. PROPERTY DAMAGED BY VEHICLE #01- ROAD SIGN TOWN OF OGDEN 269 OGDEN CENTER RD SPENCERPORT, NY 14559 WITNESS #1 BRODY J STONEHOUSE

8	9	10	11	12	13	14	15	16	17	BY	30
A											
B											
C											
D											
E											
F											
Officer's Rank and Signature	OFFICER <i>A. Hughes</i>	Badge/ID No.	NCIC No.	Precint/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed				
Print Name in Full	AMANDA HUGHES	2389	02759			BENNETTI, MARK	10/27/2025 17:22				

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	City or Town			State		Zip Code		City or Town			State		Zip Code			
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	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER					Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No					28					
9	Reference Marker		Coordinates (if available)		Place Where Accident Occurred:							29				
			Latitude/Northing		County MONROE City Village Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ N S of _____ feet miles E W (Milepost, Nearest intersecting Route Number or Street Name)											
Accident Description/Officer's notes 8 QUAIL LANE ROCHESTER, NY 14624 (585) 480-2917 WITNESS #2 DYLAN M STONEHOUSE 8 QUAIL LANE ROCHESTER, NY 14624 (585) 730-1168 WITNESS #3 OLIVER R HOOK 7 QUAIL LANE ROCHESTER, NY 14624 (585) 831-7958											30					

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY
	A									
B										
C										
D										
E										
F										
Officer's Rank and Signature	OFFICER <i>A. Hughes</i>			Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed	
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Month	Day	Year	MONDAY	17:18	2	2	1	Accident Reconstructed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

