

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 2021-00022676
 W1SH30DLXB7W

AMENDED REPORT

1	Accident Date	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos	20
	Month: 09, Day: 22, Year: 2021	WEDNESDAY	13:47	2	0	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.

2	VEHICLE 1	<input checked="" type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN	21
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2	VEHICLE 1 - Driver License ID Number: 628623690, State of Lic. NY, Driver Name: HERDENDORF, ARNOLD E, Address: 284 WILLOW ST APT 43, Lockport NY 14094	VEHICLE 2 - Driver License ID Number: 010940646, State of Lic. LA, Driver Name: INALLA, KEBIR SAIDOU, Address: 3804 DIVISION STREET, Metairie LA 700032	21
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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	22
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3	Name - exactly as printed on registration: ROWELL, CHRISTOPHER M, Sex: M, Date of Birth: [REDACTED]	Name - exactly as printed on registration: MANHAT TRANSPORTATION, Sex: C, Date of Birth: [REDACTED]	23
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4	Address (Include Number and Street): 205 HAWLEY CTS1, Lockport NY 14094	Address (Include Number and Street): 6200 S HARDING ST, Indianapolis IN 46217	24
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5	Plate Number: GSF3468, State of Reg. NY, Vehicle Year & Make: 2009 CHEV, Vehicle Type: 4DSD, Ins. Code: 149	Plate Number: 2991556, State of Reg. IN, Vehicle Year & Make: 2015 VOLV, Vehicle Type: TRAC, Ins. Code: 989	1.
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3	Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
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6	Violation Section(s)	Violation Section(s)	1.
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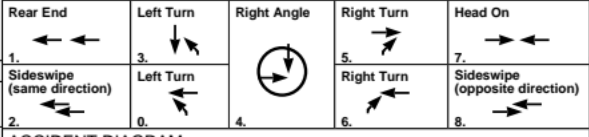
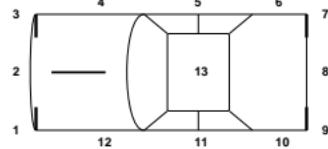
6	Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.	Check if involved vehicle is: [] more than 95 inches wide; [] more than 34 feet long; [] operated with an overweight permit; [] operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
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7	VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact: 11, Box 2 - Most Damage: 17	VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact: 2.C, Box 2 - Most Damage: 2.C	27
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3	Enter up to three more damage codes: 3, 4, 5	Enter up to three more damage codes: 4.C, 5.C, 6.C	28
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1	Vehicle By: DADSWELLS, Towed To: DADSWELLS	Vehicle By: DADSWELLS, Towed To: DADSWELLS	1.
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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	29
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See the last page of the MV-104A for the accident diagram.

Cost of repairs to any one vehicle will be more than \$1000.	<input type="checkbox"/> Unknown/Unable to determine	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1.
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Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
7 7 -	Latitude/Northing:	County GENESEE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of PEMBROKE	11
4 1 0 2	Longitude/Easting:	Road on which accident occurred 8098 ROUTE 77 (Route Number or Street Name)	
1 1 0 8		at 1) intersecting street INDIAN FALLS ROAD (Route Number or Street Name)	
		or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
 VEHICLE 1 WAS WESTBOUND ON INDIAN FALLS ROAD. VEHICLE 2 WAS NORTHBOUND ON ROUTE 77. OPERATOR OF VEHICLE 1 FAILED TO STOP AT THE STOP SIGN AND WAS STRUCK BY VEHICLE 2. **OUT OF STATE VEHICLE 2 INSURANCE INFO- PJC INSURANCE AGENCY PO BOX 9750 SPRINGFIELD, MO 65801- POLICY # WMC1637568. Property Damage by Unit #01 - EARTH EMBANKMENT, NYS DOT 5441 EAST MAIN ST RD BATAVIA NY 14020 Property Damage by Unit #01 - NATIONAL GRID POLE #8098, NATIONAL GRID 5100 EAST MAIN ST RD BATAVIA NY 14020

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1.0	1.C	A	1.C	69	M	2.	5.	1.C	0000	-	HERDENDORF, ARNOLD E	09/22/2021
B	1.0	3.C	A	1.C	70	M	2.	5.	1.C	0000	-	ROWELL, CHRISTOPHER M	09/22/2021
C	2.0	1.C	4	1.C	30	M	-	-	-	-	-	INALLA, KEBIR SAIDOU	
D	2.0	7.C	1	1.C	38	M	-	-	-	-	-	JABER, AHMED A	
E													
F													

Officer's Rank and Signature: Deputy K. Krzemien	Badge/ID No. 018	NCIC No. 01800	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer: LUTE, MICHAEL	Date/Time Reviewed: 10/09/2021 13:54
Print Name in Full: KYLE D KRZEMIEN						

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
2021-00022676
W1SH30DLXB7W

AMENDED REPORT

1 Accident Date: Month 09, Day 22, Year 2021. Day of Week: WEDNESDAY. Military Time: 13:47. No. of Vehicles: 2. No. Injured: 0. No. Killed: 2. Accident Reconstructed: [X].

2 VEHICLE - Driver License ID Number, State of Lic., Driver Name, Address, City or Town, State, Zip Code.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged, Name, Address, City or Town, State, Zip Code.

4 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code.

5 Ticket/Arrest Number(s), Violation Section(s).

6 VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER. Includes diagrams for damage coding and accident types.

Place Where Accident Occurred: County, City/Village/Town, Road on which accident occurred, at 1) intersecting street, or 2) miles of.

Accident Description/Officer's notes: Witness #1 - LEONARD B RORICK 1831 RISSER RD CANANDAIGUA NY 144240000. Witness #2 - CHRISTOPHER B BRUCE 1831 RISSER RD CANANDAIGUA NY 144240000.

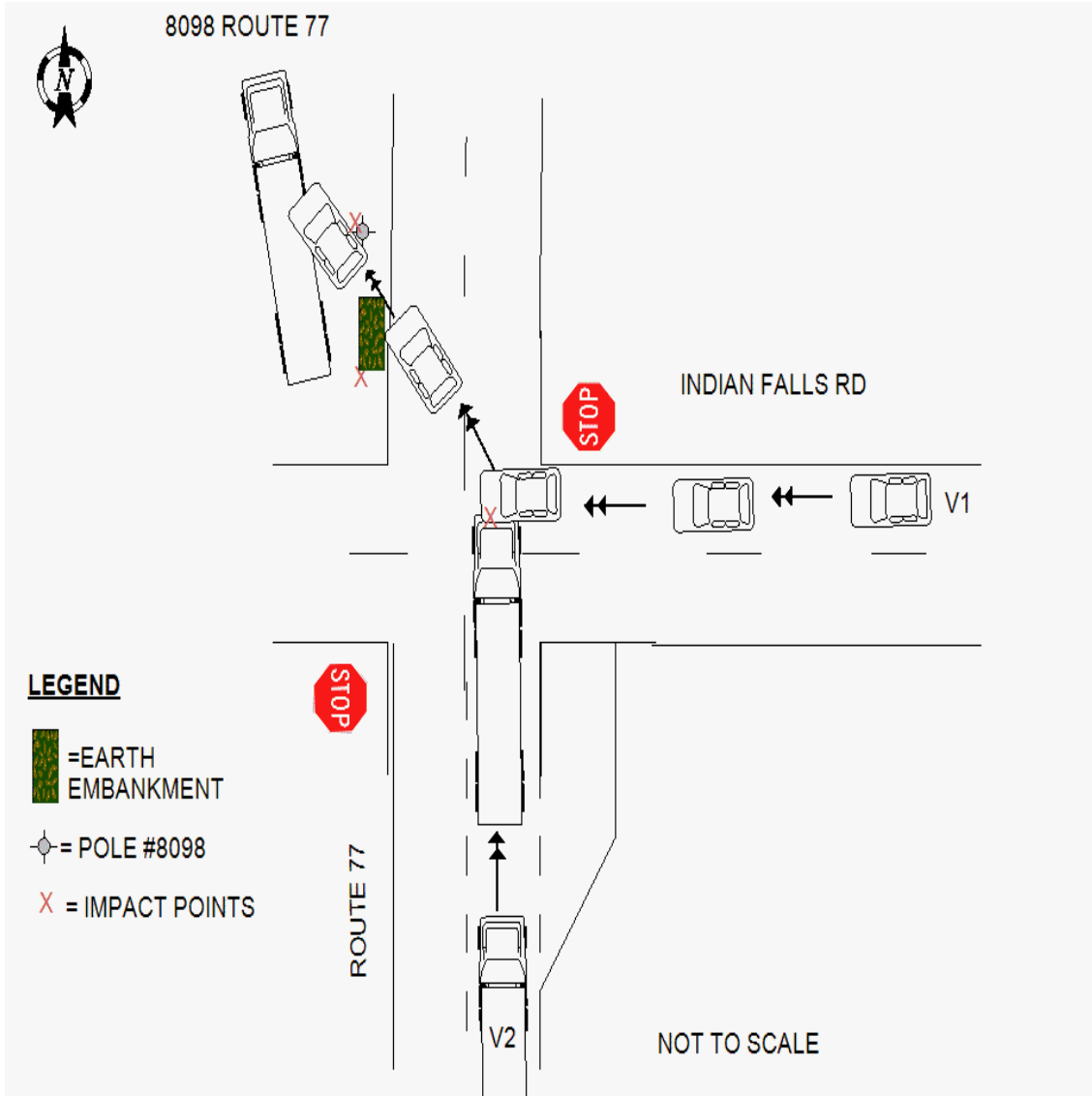
Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Includes Officer's Rank and Signature (Deputy K. Krzemien), Badge/ID No. (018), NCIC No. (01800), Precinct/Post Troop/Zone, Station/Beat Sector, Reviewing Officer (LUTE, MICHAEL), Date/Time Reviewed (10/09/2021 13:54).

Local Codes
2021-00022676
W1SH30DLXB7W

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

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 <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	WEDNESDAY	13:47	2	0	2	Accident Reconstructed <input checked="" type="checkbox"/>		
09	22	2021								





POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 2021-00022676 W1SH30DLXB7W	Accident Date Month Day Yr. 09 22 2021	Military Time 13:47	County GENESEEE	City/Town/Village PEMBROKE, TOWN OF	No. Killed 2	No. Vehicles 2	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased 1: HERDENDORF, ARNOLD E 284 WILLOW ST APT 43 LOCKPORT NY 14094							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) 8098 ROUTE 77
Estimated Speed: Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 COBALT Vehicle 2 TRACTOR Vehicle _____	
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 3	Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not physically divided
EMERGENCY MEDICAL SERVICES * Time (Military): Notified _____ 13:47 Arrived at Scene _____ 13:51 Arrived at Hospital _____	HOSPITAL INFORMATION If the victim was taken to a hospital outside of the NYS, give name, county and state of that hospital: If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT DATA

Vehicle	Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
1.0	Driver HERDENDORF, ARNOLD E	Yes	17:40	Yes	JAWS OF LIFE	Yes	No	11 - MIDDLE SIDE LEFT
1.0	Passenger ROWELL, CHRISTOPHER M	Yes		Yes	JAW OF LIFE	Yes	No	
2.0	Driver INALLA, KEBIR SAIDOU	No		No		No	No	02 - FRONT MIDDLE
2.0	Passenger JABER, AHMED A	No		No		No	Yes	

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information							
SIGN HERE	Officer's Rank and Sig Deputy Print Name in Full KYLE, KRZEMIEN	Badge/ID No 018	Department 01800	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer LUTE, MICHAEL	Date/Time Reviewed 10/09/2021 13:54



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 2021-00022676 W1SH30DLXB7W	Accident Date Month: 09 Day: 22 Yr: 2021	Military Time 13:47	County GENESEE	City/Town/Village PEMBROKE, TOWN OF	No. Killed 2	No. Vehicles 2	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased 2: ROWELL, CHRISTOPHER M 205 HAWLEY CTS1 LOCKPORT NY 14094							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) 8098 ROUTE 77
Estimated Speed: Vehicle _____ MPH <input type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle _____ Vehicle _____ Vehicle _____	
Roadway Surface: <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 3	Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not physically divided
EMERGENCY MEDICAL SERVICES * Time (Military): Notified _____ 13:47 Arrived at Scene _____ 13:51 Arrived at Hospital _____	HOSPITAL INFORMATION If the victim was taken to a hospital outside of the NYS, give name, county and state of that hospital: If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT DATA

Vehicle	Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information							
SIGN HERE	Officer's Rank and Sig Deputy <i>K. Krzemienski</i>	Badge/ID No 018	Department 01800	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer LUTE, MICHAEL	Date/Time Reviewed 10/09/2021 13:54
	Print Name in Full KYLE, KRZEMIEN						

Local Codes
2021-00022676
W1SH30DLXB7W



New York State Department of Motor Vehicles
**TRUCK and BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT**

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

AMENDED REPORT

INSTRUCTIONS You must complete this form:
 ◆ if at least one of the vehicles involved is:
 - a truck having a GVWR or GCWR > 10,000 lbs.; or
 - a vehicle with Haz Mat placard; or
 - a bus designed to carry 9 or more persons, including the driver;
 ◆ AND at least one of the following conditions is met:
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment
 - at least one vehicle is disabled and was towed/transported from the scene.

Number of:
 6 Trucks having a GVWR or GCWR > 10,000 lbs.
 Vehicles with a Haz Mat placard
 Buses designed to carry 9 or more persons

Number of Vehicles:
 2 Towed/transported from scene due to damage

Number of Persons:
 2 Sustaining fatal injuries
 Transported for IMMEDIATE medical treatment

ACCIDENT DATE Mo. 09 Day 22 Year 2021
MILITARY TIME 13:47
COUNTY GENESEE
CITY/TOWN/VILLAGE PEMBROKE, TOWN OF

DRIVER
 LICENSE ID #
 DRIVER NAME - exactly as printed on license (Last, First, M.I.)
 LICENSE CLASS
 1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DM
 DATE OF BIRTH Mo. Day Year
 SEX 1 Male 2 Female

CARRIER
 CARRIER NAME
 STREET OR P.O. BOX CITY STATE ZIP CODE
 PLATE NUMBER STATE OF REG. CARRIER'S IDENTIFICATION NUMBERS
 US DOT ICC MC
 TOTAL AXLES (includes trailers)

WEIGHT RATING OF TRUCK POWER UNIT
 1 Less than or equal to 10,000 lbs.
 2 10,000 - 26,000 lbs. 3 More than 26,000 lbs.
VEHICLE IDENTIFICATION NUMBER

VEHICLE CONFIGURATION
 1 Bus (seats for more than 15 people, including driver)
 2 Single-unit Truck (2-axle, 6-tire)
 3 Single-unit Truck (3 or more axles)
 4 Truck/Trailer
 5 Truck Tractor (bobtail)
 6 Tractor/Semi-trailer
 7 Tractor/Doubles
 8 Tractor/Triples
 9 Unknown Heavy Truck, cannot classify
 10 Passenger Car - only record when vehicle displays a Hazardous Material placard
 11 Light Truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard
 12 Bus (seats for 9 - 15 people, including driver)

TRAFFIC WAY
 1 Two-way, not divided
 2 Two-way, divided, unprotected median
 3 Two-way, divided, positive median barrier
 4 One-way not divided
 5 Not reported

CARGO BODY TYPE
 1 Bus
 2 Van/Enclosed Box
 3 Cargo Tank
 4 Flatbed
 5 Dump
 6 Concrete Mixer
 7 Auto Transporter
 8 Garbage/Refuse
 9 Other
 10 Grain, Chips, Gravel
 11 Pole
 12 Bus (seats for 9 - 15 people, including driver)

ACCESS CONTROL
 1 No Access Control
 2 Full Access Control
 4 Partial Access Control

HAZARDOUS MATERIALS INVOLVEMENT
 Does vehicle have Haz Mat placard? 1 Yes 2 No
 COPY FROM PLACARD:
 4-digit identification number from diamond/orange panel
 1 or 2-digit number from bottom of diamond:
 NAME OF HAZ MAT CLASS:
WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank?)
 1 Yes 2 No

SEQUENCE OF EVENTS (FOR THIS VEHICLE)
 1 Ran Off Road (noncollision)
 2 Jackknife (noncollision)
 3 Overturn/Rollover (noncollision)
 4 Downhill Runaway (noncollision)
 5 Cargo Loss or Shift (noncollision)
 6 Explosion or Fire (noncollision)
 7 Separation of Units (noncollision)
 8 Involving Pedestrian (collision)
 9 Involving Motor Vehicle in Transport (collision)
 10 Involving Parked Motor Vehicle (collision)
 11 Involving Train (collision)
 12 Involving Pedalcycle (collision)
 13 Involving Animal (collision)
 14 Involving Fixed Object (collision)
 18 Cross Median/Centerline (noncollision)
 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)
 20 Other (noncollision)
 21 Unknown (noncollision)
 22 With Work Zone Maintenance Equipment (collision)
 23 With Other Movable Object (collision)
 24 With Unknown Movable Object (collision)

OFFICER'S RANK AND SIGNATURE Deputy
PRINT NAME IN FULL KYLE, KRZEMIEN
BADGE/ID NO. 018
NCIC NO. 01800
DATE OF REPORT 10/09/2021