

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
VCYK249XGXXV☒ **AMENDED REPORT**

DMV COPY

1	Accident Date		20																																																																																				
	Month 08	Day 30		Year 2019																																																																																			
Day of Week Fri		Military Time 10:03	21																																																																																				
No. of Vehicles 2		No. Injured 1																																																																																					
No. Killed 0		Not Investigated at Scene <input type="checkbox"/>	22																																																																																				
Accident Reconstructed <input type="checkbox"/>		Left Scene <input type="checkbox"/>																																																																																					
Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23																																																																																					
VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																							
2	VEHICLE 1 - Driver License ID Number 715624015		24																																																																																				
	State of Lic. NY																																																																																						
Driver Name - exactly as printed on license DALISO, PATRICIA		VEHICLE 2 - Driver License ID Number 126965264	25																																																																																				
Address (Include Number & Street) 61 STEINER DRIVE		Driver Name - exactly as printed on license SCHIERLOH, BETH P																																																																																					
City or Town MAHOPAC State NY Zip Code 105410000		Address (Include Number & Street) 3143 MOSS LN	26																																																																																				
City or Town MAHOPAC State NY Zip Code 105410000		City or Town YORKTOWN HTS State NY Zip Code 105980000																																																																																					
3	Date of Birth	Sex	27																																																																																				
	Month 10 Day 03 Year 1947	F																																																																																					
Unlicensed <input type="checkbox"/>		No. of Occupants 1	28																																																																																				
Public Property Damaged <input type="checkbox"/>		Date of Birth																																																																																					
Name - exactly as printed on registration DALISO, LOUIS S		Sex M	29																																																																																				
Address (Include Number & Street) 61 STEINER DR		Month 04 Day 14 Year 1946																																																																																					
City or Town MAHOPAC State NY Zip Code 10541		Name - exactly as printed on registration SCHIERLOH, BETH P	30																																																																																				
Plate Number 300CHF State of Reg. NY Vehicle Year & Make 2017 FORD		Sex F																																																																																					
Vehicle Type SUBN Ins. Code 231		Date of Birth	31																																																																																				
Ticket/Arrest Number(s)		Month 05 Day 22 Year 1965																																																																																					
Violation Section(s)		Name - exactly as printed on registration SCHIERLOH, BETH P	32																																																																																				
Vehicle By YAB Towed: To YAB		Sex F																																																																																					
VEHICLE DAMAGE CODING:		Date of Birth	33																																																																																				
1-13. SEE DIAGRAM ON RIGHT.		Month 05 Day 22 Year 1965																																																																																					
14. UNDERCARRIAGE 17. DEMOLISHED		Name - exactly as printed on registration SCHIERLOH, BETH P	34																																																																																				
15. TRAILER 18. NO DAMAGE		Sex F																																																																																					
16. OVERTURNED 19. OTHER		Date of Birth	35																																																																																				
		Month 05 Day 22 Year 1965																																																																																					
Reference Marker		Place Where Accident Occurred:	36																																																																																				
Coordinates (if available)		County WEST <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of YORKTOWN, TOWN OF																																																																																					
Latitude/Northing:		Road on which accident occurred ROUTE 35	37																																																																																				
Longitude/Easting:		at 1) intersecting street MAPLE HILL STREET (Route Number or Street Name)																																																																																					
		or 2) <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Milepost, Nearest intersecting Route Number or Street Name)	38																																																																																				
Accident Description/Officer's Notes																																																																																							
V2, while traveling northbound on Rt 35, was slowing down in order to make right turn onto Maple Hill St. V1 was traveling straight ahead northbound on Rt 35 and struck V2 in rear. D2 states she was slowing to make right turn and saw an unknown person on the corner sidewalk waiting to cross. D1 states V2 stopped abruptly. No further police action requested or taken. See report for																																																																																							
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8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A</td> <td>01</td> <td>1</td> <td>A</td> <td>1</td> <td>71</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>DALISO, PATRICIA</td> <td></td> </tr> <tr> <td>B</td> <td>02</td> <td>1</td> <td>4</td> <td>1</td> <td>54</td> <td>F</td> <td>8</td> <td>12</td> <td>6</td> <td></td> <td></td> <td>SCHIERLOH, BETH P</td> <td></td> </tr> <tr> <td>C</td> <td>02</td> <td>6</td> <td>4</td> <td>1</td> <td>8</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>SCHIERLOH, CATIE</td> <td></td> </tr> <tr> <td>D</td> <td>02</td> <td>4</td> <td>4</td> <td>1</td> <td>8</td> <td>F</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td>SCHIERLOH, CARLY</td> <td></td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				A	01	1	A	1	71	F	-	-	-			DALISO, PATRICIA		B	02	1	4	1	54	F	8	12	6			SCHIERLOH, BETH P		C	02	6	4	1	8	F	-	-	-			SCHIERLOH, CATIE		D	02	4	4	1	8	F	-	-	-			SCHIERLOH, CARLY		E														F													
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