| ΑE  | 3S-7 (                            | 1/1 Bage 1 of<br>Local Codes  | 2 Pages        |                     | Р                       |  |                        | ACC              |            | ENT          | RE   | /ehicles<br>POR   | Т     |                 |   |                   |                           |                    |                  |                      |              | 19<br>9               |
|---|-----------------------------------|---|----------------|---------------------|-------------------------|--|------------------------|------------------|------------|--------------|--|---|-------|-----------------|---|-------------------|---------------------------|--------------------|------------------|----------------------|--------------|-----------------------|
|   | _                                 | VCYK2   | 49XGXXV        | AM                  | ENDED                   | REP  | ORT                    |                  | IV CC      |              | ,  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
| - 1   | Mo                                |   | Year           | Day of V            |                         | N  | /ilitary T             |                  |            | of<br>nicles | No.  | Injured   |       | . Killed        | Not Inve  | estigat           | ed at Scene               |                    | Left Scen        |                      | ce Photos    | 20                    |
|   | 0:                                | 8 30  | 2019<br>V      | EHICLE 1            | 1                       |  | 10:03                  | 3                | 2          | 18           | 1 VEH  | ICLE 2  | 0     |                 | Accident<br>YCLIST  |                   | nstructed<br>PEDESTRI     | AN I               | OTHE             |                      | Yes No       |                       |
| 2   | VEHICLE 1 - Driver                |   |                |                     |                         |  |                        |                  |            | c. V         | VEHICLE 2 - Driver State of Lic.                                 |   |       |                 |   |                   |                           |                    |                  |                      |              | 21                    |
| -   | Driv                              | NI  | DALISO, PA     | TRICIA              |                         |  |                        |                  |            |              | Driver Name - exactly as printed on license SCHIERLOH, BETH P    |   |       |                 |   |                   |                           |                    |                  |                      |              | -                     |
|   | Add                               | ress (Include Numb<br>STEINER DI                                      |                |                     |                         |  |                        |                  | Apt. No    | D. A         | Apt. No. 3143 MOSS LN  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   | City                              | or Town<br>MAHOPAC  | M V L          |                     |                         | ate  | Zip                    | p Code           | 0000       | С            | ity or To  | wn  |       |                 |   |                   |                           | State              |                  | Zip Cod              |              | 22                    |
| 3   | 3 Date of Birth Sex Unlicensed    |   |                |                     |                         |  | NY 105410000    No. of |                  |            |              |  | YORKTOWN HTS  Date of Birth  Month  Day  Year  Month  Day  Year  F  Day  Poperty  Description |       |                 |   |                   |                           |                    |                  |                      |              |                       |
| 1   | _ 1                               | 0 03  | Year<br>1947 F |                     | Sex                     | upants   | 1                      | Propert<br>Damag | y<br>ed [  |              | 05   | 22  | 19    | 65              | F   |                   |                           |                    |                  | Dama                 | rty<br>ged 🔲 |                       |
|   |                                   | ne-exactly as printe<br>ALISO, LOUIS                                  | _              |                     | Month<br>04             |  |                        |                  |            |              |  | -   |       |                 | Sex<br>F  | Mont<br>05        | of Birth                  | y 1965             | 23<br>1          |                      |              |                       |
| 4   |                                   | ress (Include Numb  | •              |                     | Apt.                    | No.  | Haz.<br>Mat            |                  | Release    | ed A         | Address (Include Number & Street) Apt. No. Haz. Mat.             |   |       |                 |   |                   |                           | Released           |                  |                      |              |                       |
| 1   | 01                                | STEINER DE  | ζ              |                     | State                   |  | Code                   | Code             | -          | С            | ity or To  | wn  |       |                 |   |                   |                           | State              | Code<br>Zip Code | ;                    |              | 24                    |
|   | <u> </u>                          | AAHOPAC<br>e Number   | State of Reg.  | NY                  | NY 10541                |  |                        |                  |            | ÝOR]         | KTOWI  | THI   | _     | e of Reg.       | Vehiele   | Year & Mak        | NY                        | 10.<br>Vehicle T   | 59800            | 00<br>Ins. Code      | 1            |                       |
| 5   | 3                                 | Plate Number State of Reg. Vehicle Year & Ma NY 2017 Fo               |                |                     |                         |  | SUBN                   |                  |            | 30           | Plate Number<br>JGT3662  |   |       | N               |   | 201               |                           | RD_                | SUBN             |                      | 328          | Г                     |
| 1   |                                   | et/Arrest<br>nber(s)  |                | 8                   |                         |  |                        |                  |            |              | Ticket/Arrest<br>Number(s)                                       |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   |                                   | ation<br>tion(s)  |                | A                   | Violation<br>Section(s) |  |                        |                  |            |              |  |   |       | 31              | N.  |                   |                           |                    |                  |                      |              |                       |
| 6   |                                   | Check if involve  |                | T)                  |                         | Check if involved vehicle is:  |                        |                  |            |              | 707-7  |   |       |                 | agram below that describes the accident, or draw your own pace #9. Number the vehicles. |                   |                           |                    |                  |                      | your own     | 25<br>1               |
| 1   | V                                 | ☐ more than 34 ☐ operated with  | l feet long;   | t permit;           | V                       | ✓ ☐ more than 34 feet long;  |                        |                  |            |              |  | Rear End  |       |                 |   |                   | Right Angle               | Right Turn Head On |                  |                      | 1            |                       |
|   | Ħ.                                | □ operated with<br>VEHICLE  |                |                     |                         |  |                        |                  | on permit. |              |  | _   | 3.    | 5               | (4) V   | 5.                |                           | 7.<br>Sideswipe    |                  | 26                   |              |                       |
| 7   | 7 C Box 1 - Point of Impact 2 C F |   |                |                     |                         | Box 1 - Point of Impact o  |                        |                  |            |              |  |   |       |                 | Left Tur  |                   |                           | Right Turn         |                  | (opposite direction) |              | 7                     |
| 1   | E                                 | Enter up to thre  | е 3            | 3 4 5               |                         |  | to thre                | three 3          |            | 74           | 000  | ACC   | IDEN  | IT DI           | DIAGRAM   |                   | 4.                        | 16. 7              |                  | 8.                   |              | H                     |
|   | 1                                 | more Damage ( Vehicle By YA   | 2              | more Damage Codes 9 |                         |  |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    | 27               |                      |              |                       |
|   |                                   | Towed:  |                |                     |                         |  |                        |                  |            | dies         | See the second page for the accident diagram                     |   |       |                 |   |                   |                           |                    |                  |                      |              | 1                     |
| VEHICLE DAMAGE CODING:  3 4 5 6 7   |                                   |   |                |                     |                         |  |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   |                                   | 13. SEE DIAGR<br>14. UNDERCAF   |                |                     |                         |  |                        |                  |            | -50          |  |   | 乱     |                 | 1-44  |                   |                           |                    |                  |                      |              |                       |
|   |                                   | 15. TRAILER   | 18.            | NO DAMAGE           |                         | - /4   |                        |                  | 13         |              | 9.  Cost of repairs to any one vehicle will be more than \$1000. |   |       |                 |   |                   |                           |                    |                  |                      | 28           |                       |
|   |                                   | 16. OVERTURNED 19. OTHER  |                |                     |                         |  |                        |                  |            |              | Cost of repairs to any one venicle will be more than \$1000.     |   |       |                 |   |                   |                           |                    |                  |                      | 1            |                       |
|   | Re                                | Reference Marker Coordinates (if available) Place Where Accident Occu |                |                     |                         |  |                        |                  |            | curre        |  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   |                                   | 3 5   | Latitude/Nor   | thing:              |                         | County WEST City Village Town of YORKTOWN, TOWN OF  Road on which accident occurred ROUTE 35 |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    |                  | 29                   |              |                       |
|   | 8                                 | 7 0 1   | Ī              |                     | -                       | at 1) intersecting street MAPLE HILL STREET (Route Number or Street Name)                    |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    |                  | -                    |              |                       |
|   | -                                 |   | Longitude/Ea   | asting:             |                         |  | Ů                      |                  | □N         | □s           | (Route Number or Street Name)                                    |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   | 2                                 | 0 7 0   | -/Off/- N-+-   |                     | or 2                    | Fee  | et M                   | liles            |            | ⊔ W          | W of(Milepost, Nearest intersecting Route Number or Street Name) |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   |                                   | ident Description<br>, while travelin                                 |                |                     | was slo                 | wing   | dowi                   | n in or          | der to     | mak          | e righ   | f furn oi   | nto N | /apl            | le  |                   |                           |                    |                  |                      |              | 30                    |
|   | _                                 |   |                |                     |                         |  |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    |                  |                      |              | USE<br>COVER<br>SHEET |
| 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. |                                   |   |                |                     |                         |  |                        |                  |            |              |  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
|   |                                   |   |                | . See report for    |                         |  |                        |                  |            |              |  |   | N     |                 |   |                   |                           |                    |                  |                      |              |                       |
| A   | A 01                              | 1   | 10<br>A        | 11                  | 12<br>71 F              | 13   | 14<br>-                | 15               | 16         | 17           | BY   | 10  | 18    |                 | DALIS   |                   | nes of all inv<br>ATRICIA |                    |                  | Date                 | e of Death   | Only                  |
|   | в 02                              | 1   |                | F 8 12 6            |                         |  |                        |                  |            |              | SCHIERLOH, BETH  |   |       |                 |   |                   |                           |                    |                  |                      |              |                       |
| -Z>   | c 02                              |   |                |                     |                         | F  |                        |                  |            | -            |  |   |       |                 | SCHIERLOH, CATIE<br>SCHIERLOH, CARLY  |                   |                           |                    |                  | +                    |              | $\blacksquare$        |
| Z>0.1>m0  | D 02<br>Е                         |   |                |                     |                         | F  |                        |                  | -          | +            |  | +   |       |                 | SCHIE   | KLU               | n, CAKL                   | , Y                |                  | +                    |              | -                     |
| VED.  | F                                 |   |                |                     |                         |  |                        |                  |            | $^{\dagger}$ |  |   |       | $\dagger$       |   |                   |                           |                    |                  | 1                    |              |                       |
|   |                                   | 's Rank<br>gnature ∳OFFI  | CE 5           | 1-614               |                         |  | Bad                    | ge/ID N          | lo. N      | VCIC         |  | recinct/Po  |       | tatior<br>ector |   | Reviev<br>Officer | -                         |                    | Da               | ite/Time             | e Reviewe    | d                     |
| П   | Print N<br>in Full                |   |                |                     |                         |  | 394                    | 4                | -          | 0596         |  |   | - 1   | D               |   |                   | ENTNER                    | , T                | 08               | /30/20               | 14:          | 20                    |
|   |                                   |   |                |                     |                         |  | -                      |                  |            |              |  |   |       |                 |   |                   | / D                       | 0 0                | -                |                      |              |                       |

This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York.

Mark JF. Darveder COMMISSIONER OF MOTOR VEHICLES

| AB                                       | S-7 (                       | 1/1899<br>Lóc                                      | e 2 of                                       | 2 Pages           |                     |   |   |   |           | partment<br>CIDE          |   |  |   |                 |                          |                            |                    |                    |                   |                 | 19                    |  |
|--|-----------------------------|--|--|-------------------|---------------------|---|---|---|-----------|---------------------------|---|--|---|-----------------|--------------------------|----------------------------|--------------------|--------------------|-------------------|-----------------|-----------------------|--|
|  |                             |  | VCYK24                                       | 19XGXXV           | $\dashv_{\Box_{l}}$ | AMENI   | DED REI                                     | PORT  |           | 104A (6<br><b>//V COF</b> |   |  |   |                 |                          |                            |                    |                    |                   |                 | Ш                     |  |
| 1  |                             | ident Da   |  | h.                |                     | y of Wee  |   | Military T  |           | No. of                    | F   | No. Injur  | red                                     | No. Kille       | d Not Inves              | tigated at Scene           |                    | Left Scen          | e Police          | Photos          | 20                    |  |
| -  | _ Mc                        | nth<br>8   | Day<br>30                                    | Year 2019         |                     | Fri   |   | 10:0  | 3         | Vehic<br>2                | les   | 1  |   | 0               |                          | Reconstructed              |                    |                    | □Ye               | s Kno           |                       |  |
|  |                             |  | 1  | ,                 | VEHICLE             | 1   |   |   |           |                           | _   | VEHICL   |   | ☐ BIC           | YCLIST                   | ☐ PEDESTR                  | IAN                | OTHE               | _                 |                 |                       |  |
| 2  |                             | HICLE 1<br>nse ID N                                |  |                   |                     |   |   |   | St        |                           | VEHICLE 2 - Driver License ID Number  State of Lic. |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| -  |                             |  | e -exactly                                   |                   |                     |   |   |   |           |                           |   | Driver Name - exactly  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  | n license<br>clude Numbe                     | er & Street)      |                     |   |   |   |           | Apt. No.                  | _   | as printed on license Address (Include Number & Street) Apt. No.                 |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  |  |                   |                     |   |   |   |           |                           | ┖   | Citizen Territoria   |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | City                        | or Town  | 1  |                   |                     |   | State                                       | Zi  | p Code    |                           | City  | City or Town State Zip Code  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| 3  |                             | of Birth   |  | Sex<br>Year       | Unlic               | ensed   | No. of<br>Occupant                          | ty _  |           | e of Birth                | Day   | Year   | Sex                                     | Unlicensed      | No. of<br>Occupa         | ants                       | Public<br>Property |                    | Ш                 |                 |                       |  |
| 1  | 100                         |  |  |                   |                     |   | Damaged                                     |   |           | 2101                      | Lay   | TOU  |   |                 |                          |                            | Damage             | d $\square$        |                   |                 |                       |  |
|  | Nan                         | ne-exac  | tly as printed                               | d on registration | ٦                   |   | Sex   | Date o<br>Monti   |           | Year                      | Nan   | ne-exactly   | y as printe                             | ed on re        | gistration               |                            | Sex                | Date of<br>Mont    | of Birth<br>h Day | Year            | 23                    |  |
|  | Add                         | ress (Inc  | dude Numbe                                   | er & Street)      |                     |   | Apt. No.                                    | Haz.  |           | Released                  | Add   | lress (Inch  | ude Numi                                | her & St        | reef)                    |                            | Apt. No            | ). Haz.            |                   | Released        | Ш                     |  |
| 4  | 7                           | 1000 (1110   | nado namo                                    | <i>i</i> a baoot, |                     |   | , p. Ho.                                    | Mat<br>Code   |           |                           | / 100   | 1000 (11101  | ado riann                               |                 | .001,                    |                            | , ipi. Ito         | Mat.<br>Code       |                   |                 |                       |  |
| 1  | City                        | or Town  | 1  |                   |                     | 5   | State                                       |   | Code      | STE                       | City  | or Town  | 7                                       |                 |                          |                            | State              | Zip Code           |                   |                 | 24                    |  |
|  | Plet                        | e Numbe  |  | State of Reg      | ı. Vehicle Y        | also I  | Vehiele T                                   | upo.  | line Cod  | a Plat                    | te Number   |  | le+a+                                   | e of Reg. Ve    | hicle Year & Mal         |                            | Vobiele T          | ima III            | ns. Code          | -               |                       |  |
| -  | Plat                        | e Numbe  | er   | State of Reg      | j. Venicie 1        | ear & IVI   | ake   | Vehicle T   | ype       | Ins. Cod                  | e Plat  | e Number   |   | Stat            | e or Reg.   Ve           | nicie fear & Mai           | ке                 | Vehicle T          | ype III           | ns, Code        | М                     |  |
| 5  |                             | et/Arres   | t  |                   |                     | R   | -   |   |           | 10                        |   | Ticket/Arrest  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| 1  | _                           | nber(s)<br>ation                                   |  |                   |                     | PUL   | -   | _   |           | -68                       | -   | nber(s)<br>ation   |   | -               |                          |                            |                    |                    |                   |                 | -                     |  |
|  |                             | alion<br>tion(s)                                   |  |                   |                     |   | 13:10                                       |   |           | 189                       |   | tion(s)  |   |                 |                          |                            |                    |                    |                   |                 | 25                    |  |
|  | $\neg$                      |  |  | l vehicle is:     |                     | Check if involved vehicle is:  Circle the diagram below that describes the accident, or diagram in space #9. Number the vehicles. |   |   |           |                           |   |  |   | or draw yo      | our own                  | 20                         |                    |                    |                   |                 |                       |  |
| 6  | V                           | E ☐ operated with an overweight permit;            |  |                   |                     |   | / □ more                                    | e than 34   | 4 feet lo | ng;                       | MA.   | diagram in space #9. Number the vehicles.  Rear End Left, Turn Right Angle Right |   |                 |                          |                            |                    | Turn               | Turn Head On      |                 |                       |  |
| 1  | E                           |  |  |                   |                     |   |   |   |           | erweight<br>erdimens      |   |  | -                                       | -               | 1                        |                            | -                  | -                  |                   | <b>*</b>        |                       |  |
|  | 1                           |  |  |                   |                     |   |   |   |           | MAGE C                    |   |  | 1.<br>Sideswi                           |                 | 3. Left Turn             |                            | 5. Right           |                    | 7.<br>Sideswipe   | Sideswipe       |                       |  |
| 7  | C                           |  | - Point of I                                 |                   | 1 1                 | 2 0   |   | Point of  |           |                           | 1)  | 2  | (same o                                 | direction       | , 🗲                      | -                          |                    | _                  | (opposite o       | direction)      |                       |  |
| 1  | E                           |  | <ul> <li>Most Dar<br/>up to three</li> </ul> | · —               | 4                   | 5 E   |   | Most D  p to thre                                       | 7         | 3                         | 4   | 5  | 2.<br>ACCID                             | ENT D           | IAGRAM                   | 4.                         | 6. (*              |                    | 8.                |                 | ₩                     |  |
|  | 1                           | more Damage Codes                                  |  |                   |                     |   | more D                                      | amage   |           |                           | D 111   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             | Vehicle By<br>Towed:                               |  |                   |                     |   |   | Ву  | 1         | Charle.                   | (FIII)  | Fe/Ames GERIA / / / II   |   |                 |                          |                            |                    |                    |                   | 27              |                       |  |
|  |                             | TOWEU.   | To   |                   |                     | B.  | Towed.                                      | owed: To See the second page for the accident diagrams. |           |                           |   |  |   |                 |                          | agram                      | ո                  |                    |                   |                 |                       |  |
| VEHICLE DAMAGE CODING:  4 5 6 7          |                             |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | 1-13. SEE DIAGRAM ON RIGHT. |  |  |                   |                     |   |   |   |           |                           |   |  | 344MESA   AL                            |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  |  | RIAGE 17.         |                     |   | 2   | -   |           | 13                        | WW.   | 8 9.   |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             | 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER |  |                   |                     |   |   |   |           |                           |   | Cost of repairs to any one vehicle will be more than \$100                       |   |                 |                          |                            |                    |                    |                   |                 | 28<br>1               |  |
|  |                             |  |  |                   |                     | 93  | 1   | 12  |           | 11                        | 10  | 9  | 100000000000000000000000000000000000000 |                 | nown/Unable to Determine |                            |                    |                    |                   | No              | ي ا                   |  |
|  | Re                          | eferenc  | e Marker                                     | Coordinates       | s (if availal       | ole)  | Place V                                     |   |           | nt Occ                    | urred   | rred: YORKTOWN, TOWN OF  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             | 3  | 5  | Latitude/No       | rthing:             |   |   | County WEST City Village Town of YORKTOWN, TOWN OF      |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| Road on which accident occurred ROUTE 33 |                             |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | 8                           | 7  | 0 1  |                   |                     |   | at 1) intersecting street MAPLE HILL STREET |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  | _  | Longitude/E       | asting:             |   | 2\  | (Route Number or Street Name)  or 2) □ Ε □ W of         |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | 2                           | 0  | 7 0  |                   |                     |   | or 2)                                       | eet 1   | files     |                           | <b>」₩</b>   | of   |   | (Milepo         | st, Nearest in           | tersecting Route           | Number             | or Street Na       | ame)              | ·               |                       |  |
|  | Acc                         | ident D  | escription                                   | 'Officer's Not    | es                  |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 | 30                    |  |
|  | inju                        | uries.   |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 | USE<br>COVER<br>SHEET |  |
|  |                             |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  |                             |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | 8                           | 1  | 9  | 10                | 1′                  | 1 12  | 2 13  | 14  | 15        | 16                        | 17  | BY   | TO 1                                    | 18              |                          | Names of all in            | volved             |                    | Date o            | of Death        | Only                  |  |
| A<br>L<br>L                              | A                           |  |  |                   |                     |   |   |   | <u> </u>  |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| -  | В                           |  |  |                   |                     | _   | 4   |   | 1         |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| N  | С                           |  |  |                   |                     | _   |   | 1   | <u> </u>  |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| ř  | D                           |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
| Y  | E                           |  |  |                   |                     |   | $\perp$                                     |   | ļ         |                           |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |
|  | Figure Park                 |  |  |                   |                     |   |   |   |           |                           |   |  |   |                 | 1-                       |                            |                    | Date/Time Reviewed |                   |                 |                       |  |
|  | Officer's Rank              |  |  |                   |                     |   |   | Bac   | lge/ID N  | 10.   NC                  | CIC No  |  | inct/Post<br>p/Zone                     | Statio<br>Secto |                          | viewing<br>ficer           |                    | Da                 | te/ fime F        | <b>k</b> eviewe | 3                     |  |
| F  | rint N<br>n Full            | ame  | F CUR  |                   |                     |   |   | 394 05968 D   |           |                           |   |  |   |                 |                          | GENTNER, T 08/30/2019 14:2 |                    |                    |                   |                 |                       |  |
| IN FUIL D'ECKTIS                         |                             |  |  |                   |                     |   |   |   |           | Λ ο                       |   |  |   |                 |                          |                            |                    |                    |                   |                 |                       |  |

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Mark JF. Dchweder/ COMMISSIONER OF MOTOR VEHICLES

