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Filed TO Road

Jasmine Ramos

From: Putnam County Sheriff's Department <Contact@putnamsheriff.com>
Sent: Thursday, September 19, 2024 7:00 PM
To: Jasmine Ramos
Subject: FOIL Request Eric Larca
Attachments: foil-request_2009_32.pdf

PUTNAM COUNTY NOTICE

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FOIL Request

Details

All accident reports for Maple Rd in Brewster in Southeast from 01/01/2000 - 8/1/2024.

The records pertain to the following persons (add up to 3 people)

Name	Title	Nature of Relationship	Birthdate (if known)
Unknown	Defendant		

These records apply to me

No

Date of Incident

Unknown

*Ed L / 10/10/2027
Sgt. Kennedy*

Place of Occurrence

Any Vehicle Accidents on Maple Rd in Southeast NY

Description of Incident

Any Vehicle Accidents on Maple Rd in Southeast NY

Commercial or fundraising purposes?

No

Name

Eric Larca

Address

413 Milltown Rd, Brewster, new York, 10509

Phone/Mobile

+19148040268

Email

elarca@southeast-ny.gov

Preferred delivery method

Email

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New York State Department of Motor Vehicles POLICE ACCIDENT REPORT

Local Codes
10-5581
1LM228000051

AMENDED REPORT

MV-104A (6/04)

19
27

1	Accident Date Month: 8, Day: 15, Year: 2010	Day of Week Sunday	Military Time 10:05	No. of Vehicles 1	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license VIZCARRA, NITZA G	State of Lic. CT	VEHICLE - Driver License ID Number Driver Name - exactly as printed on license	State of Lic.
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3	City or Town State CT	Zip Code 068503515	City or Town State Zip Code
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4	Name - exactly as printed on registration DRIVER, Sex: F	Date of Birth Month: , Day: , Year:	Name - exactly as printed on registration Sex:	Date of Birth Month: , Day: , Year:
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5	Plate Number State of Reg. Vehicle Year & Make 2003 TOYT	Vehicle Type UTIL	Ins. Code 413	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code
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6	Violation Section(s) 1	Violation Section(s) 1
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7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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8	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.
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9	Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County PUTNAM <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOUTHEAST
10		Longitude/Easting	Road on which accident occurred MAPLE ROAD (Route Number or Street Name)
11			at 1) intersecting street
12			or 2) .50 <input checked="" type="checkbox"/> N <input type="checkbox"/> S of ANN DRIVE (Route Number or Street Name)
13			feet miles <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes
V1 WAS DRIVING SOUTH ON MAPLE ROAD. V1 WENT AROUND A CURVE AND THE CAR STARTED PULLING LEFT. V1 TURNED HARD RIGHT AND LOST CONTROL AND WENT OFF THE ROADWAY

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY
A	1	1	4	1	19	F					VIZCARRA, NITZA G
B											
C											
D											
E											
F											
Officer's Rank and Signature	DEPUTY <i>B. Suppa</i>			Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed		
Print Name in Full	B SUPPA			PC62	03900	1	F	BABCOCK, JAMES	8/16/2010 20:02		

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

Local Codes
13-452
1LM272000112

AMENDED REPORT

MV-104A (6/04)

19
19

1	Accident Date Month: 1, Day: 24, Year: 2013	Day of Week Thursday	Military Time 19:30	No. of Vehicles 1	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input checked="" type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2	VEHICLE 1 - Driver License ID Number Driver Name - exactly as printed on license: PRZYBYLA, SARAH A	State of Lic. CT	VEHICLE - Driver License ID Number Driver Name - exactly as printed on license	State of Lic.
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3	Address (Include Number and Street) City or Town State CT Zip Code 061115121	Apt. No.	Address (Include Number and Street) City or Town State Zip Code	Apt. No.
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1	Date of Birth Month, Day, Year Sex F Unlicensed <input type="checkbox"/>	No. of Occupants 02	Public Property Damaged <input type="checkbox"/>	Date of Birth Month, Day, Year Sex Unlicensed <input type="checkbox"/>	No. of Occupants Public Property Damaged <input type="checkbox"/>
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4	Name - exactly as printed on registration MESIKA, SONIA B	Sex Date of Birth Month, Day, Year	Name - exactly as printed on registration Sex Date of Birth Month, Day, Year
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5	Address (Include Number and Street) City or Town State NY Zip Code 10509	Apt. No.	Address (Include Number and Street) City or Town State Zip Code	Apt. No.
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5	Plate Number State of Reg. NY Vehicle Year & Make 2007 TOYT Vehicle Type SUBN Ins. Code 470	Ticket/Arrest Number(s) M27200SF1L, M27200SG1L	Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	Ticket/Arrest Number(s)
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6	Violation Section(s) 1180A, 6001A	Violation Section(s)
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7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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1	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	VEHICLE DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more damage codes	ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram.
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1	VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER	9. 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
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Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County PUTNAM <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of SOUTHEAST
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Coordinates (if available) Longitude/Easting	Road on which accident occurred MAPLE RD (Route Number or Street Name) at 1) intersecting street or 2) 1/4 N S of DREWVILLE RD (Route Number or Street Name) feet miles <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest Intersecting Route Number or Street Name)
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Accident Description/Officer's notes
PROPERTY OWNER CALLED IN THE ACCIDENT, AND REPORTED A SUV ON HER PROPERTY WITH NO OCCUPANTS. UPON ARRIVAL MEMBER WAS ADVISED THAT D1 LEFT THE SCENE AND P1 WAS TRANSPORTED TO PHC FOR A LACERATION. D1 RETURNED TO THE SCENE AND ADVISED ME THAT SHE TOOK THE TURN TO FAST. PROPERTY DAMAGED BY VEHICLE #01- MAILBOX, ROCK WALL AND TREES

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY		
A	1	1	4	1	29	F	-	-	-		PRZYBYLA, SARAH A	
B	1	4	4	1	7	F					MESIKA, OLIVIA	
C												
D												
E												
F												
Officer's Rank and Signature	DEPUTY			<i>A.R.</i>			Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	ALEX RUHE						PC131	03900	1	F	MCMANUS, K	1/28/2013 17:07