

POLICE ACCIDENT REPORT (NYC) MV-104AN (7/11)

19 17

Precinct 052, Accident No. MV-2026-052-000330

Complaint Number 2026-52-003823

AMENDED REPORT

Accident Date: 4/8/2026, Day of Week: WEDNESDAY, Military Time: 17:14, No. of Vehicles: 2, No. Injured: 0, No. Killed: 1

20 19

VEHICLE 1 and VEHICLE 2 driver information: Peralta, Andy (Vehicle 1), Metropolitan Transportation Authority (Vehicle 2)

21 -

Date of Birth, Sex, Unlicensed status, No. of Occupants, Public Property Damaged for both vehicles

22 -

Address information: 750 ZEREGA AVE, BRONX, NY 10473

23 7

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code for both vehicles

24 3

Ticket/Arrest Number(s) and Violation Section(s) for both vehicles

Check if involved vehicle is: more than 95 inches wide, more than 34 feet long, operated with an overweight permit, etc.

25 1

VEHICLE DAMAGE CODING: Box 1 - Point of Impact, Box 2 - Most Damage, Enter up to three more Damage Codes

26 1

VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEMOLISHED, 18. NO DAMAGE, 19. OTHER

27 1

Place Where Accident Occurred: WEST MOSHOLU PKWY S at 1) intersecting street JEROME AVE or 2) 127 Feet Miles of JEROME AVENUE

28 1

Accident Description/Officer's Notes: VEHICLE # 1 (2025 ZHILONG MOTORCYCLE) WAS TRAVELING NORTHBOUND ON JEROME AVENUE AT AN APPARENT HIGH RATE OF SPEED...

29 -

Table with columns: ALL, A, B, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

30 -

Officer's Rank and Signature: PO GEORGE E DAY, Tax ID No. 966018, NCIC No. 03030, Precinct 410, Post/Sector, Reviewing Officer SGT JOHN T TRIPODI, Date/Time Reviewed 04/09/2026 05:16

USE COVER SHEET P

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

<p>A Last Name <u>PERALTA</u> First <u>ANDY</u> M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p>	<p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Date of Birth _____ Telephone (Area Code) _____ <small>Month Day Year ()</small></p> <p>Last Name _____ First _____ M.I. _____</p> <p>Address _____</p> <p>Highway Dist. at Scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Name: DT3 DOUGLAS GERBER</p> <p style="text-align: right;">Shield No. 4324</p>
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ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 _____ Vehicle No. 2 SELF INSURED

Expiration Date _____ Expiration Date _____

VIN HZ2TBCNF1S1016891 VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

Dept. of Motor Vehicles (if anyone is killed/injured)
 Motor Transport Division (P.D. vehicle involved)
 NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)
 Other City Agency (Specify) _____

Office of Comptroller (if a City vehicle involved)
 Personnel Safety Unit (if a P.D. vehicle involved)
 Highway Unit CIS _____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

MARTINEZ, EDDIE COUSIN DATE NOTIFIED :

PROPERTY DAMAGED (other than vehicles)

OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	

Equipment in Use At Time of Accident

Siren
 Horn
 Turret Light
 4-Way Flasher
 High-Level Warning Lights
 Traffic Cones
 Headlights

ACTIONS OF POLICE VEHICLE

Responding to Code Signal
 Complying with Station House Directive

Pursuing Violator
 Routine Patrol

Other (Describe) _____

POLICE ACCIDENT REPORT (NYC) MV-104AN (7/11)

Precinct 052
Accident No. MV-2026-052-000330

Complaint Number 2026-52-003823

AMENDED REPORT

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1 - Accident Date: Month 4, Day 8, Year 2026. Day of Week: WEDNESDAY. Military Time: 17:14. No. of Vehicles: 2. No. Injured: 0. No. Killed: 1. Police Photos: Yes.

20

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

21

3 - Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged.

22

4 - Address (Include Number & Street), Apt. No., Haz. Mat. Code, Released.

23

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

24

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

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.

25

VEHICLE 1 DAMAGE CODES, VEHICLE 2 DAMAGE CODES, ACCIDENT DIAGRAM.

7 - Enter up to three more Damage Codes, Vehicle Towed, Diagram Attached on Subsequent Page.

26

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting.

27

Place Where Accident Occurred: WEST MOSHOLU PKWY S at 1) intersecting street JEROME AVE or 2) 127 Feet Miles of JEROME AVENUE.

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Accident Description/Officer's Notes: FROM HIS MOTORCYCLE AND SUSTAINED SEVERE HEAD TRAUMA. HE WAS REMOVED VIA EMS TO ST. BARNABAS HOSPITAL AND PRONOUNCED DECEASED BY DR. LIANG AT 1745 HOURS.

29

Table with 18 columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18. Names of all involved, Date of Death Only.

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Officer's Rank and Signature: PO GEORGE E DAY. Tax ID No. 966018, NCIC No. 03030, Precinct 410. Reviewing Officer: SGT JOHN T TRIPODI. Date/Time Reviewed: 04/09/2026 05:16.

USE COVER SHEET P

PERSONS KILLED OR INJURED IN ACCIDENT (Letter designation of persons killed or injured must correspond with letter designation on front).

Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year		Telephone (Area Code) ()	Date of Birth Month Day Year		Telephone (Area Code) ()
Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year		Telephone (Area Code) ()	Date of Birth Month Day Year		Telephone (Area Code) ()
Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name:		
Date of Birth Month Day Year		Telephone (Area Code) ()	Shield No.		

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. _____	Vehicle No. _____
Expiration Date _____	Expiration Date _____
VIN _____	VIN _____

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify)
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	_____

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

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Police Vehicle	Operator's First Name	Last Name	Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	

Equipment in Use At Time of Accident

Siren
 Horn
 Turret Light
 4-Way Flasher
 High-Level Warning Lights
 Traffic Cones
 Headlights

ACTIONS OF POLICE VEHICLE

<input type="checkbox"/> Responding to Code Signal	<input type="checkbox"/> Complying with Station House Directive
<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe)	

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Precinct 052
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4 1 - Address, City or Town, State, Zip Code, Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code

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6 1 - 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.

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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

Place Where Accident Occurred: BRONX, WEST MOSHOLU PKWY S, at 1) intersecting street JEROME AVE, or 2) 127 Feet Miles of JEROME AVENUE

Accident Description/Officer's Notes THIS COLLISION IS BEING INVESTIGATED BY NEW YORK CITY HIGHWAY PATROL COLLISION INVESTIGATION SQUAD #1, CIS# 326-11.

Table with columns: 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, BY, TO, 18, Names of all involved, Date of Death Only

Officer's Rank and Signature: PO GEORGE E DAY, Tax ID No. 966018, NCIC No. 03030, Precinct 410, Post/Sector, Reviewing Officer SGT JOHN T TRIPODI, Date/Time Reviewed 04/09/2026 05:16

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Last Name	First	M.I.	Last Name	First	M.I.
Address			Address		
Date of Birth Month Day Year		Telephone (Area Code) ()	Date of Birth Month Day Year		Telephone (Area Code) ()
Last Name	First	M.I.	Highway Dist. at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address			Name:		
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Vehicle No. _____	Vehicle No. _____
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<input type="checkbox"/> Pursuing Violator	<input type="checkbox"/> Routine Patrol
<input type="checkbox"/> Other (Describe)	

Head On : MV-2026-052-000330

Reporting Officer : PO GEORGE E DAY

Reviewing Officer : SGT JOHN T TRIPODI Reviewed Date : 04/09/2026 05:16



Vehicle 2

Vehicle 1

W MOSHOLU PKWY S

