

CITY OF KINGSTON
Office of the City Clerk
Registrar of Vital Statistics
cityclerk@kingston-ny.gov

Steven T. Noble, Mayor
Elisa Tinti, City Clerk & Registrar



Deidre Sills, Deputy Clerk
Susan Mesches, Deputy Registrar

May 19, 2021

Ms. Ruth Morris
420 E. Main St.
Middletown, New York 10940

Dear Ms. Morris:

Enclosed please find a claim (#21-13 a claim for auto damage to a Kingston Police Department Vehicle. The Officer is Daniel J. Dobronski and the other party that hit our officer is Quinton Ruffin.

If you have any questions, please contact me at (845) 334-3919.

Very truly yours,

Deidre M. Sills
Deputy City Clerk

cc: Corporation Counsel
Common Council
Andrea Shaut
KPD

21-13 CC
Council
Sheet
KPD

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (6/04)

Local Codes
BL-06492-21
SLP124D43PS2

AMENDED REPORT

1	Accident Date Month: 5, Day: 6, Year: 2021 Day of Week: THURSDAY Military Time: 15:22 No. of Vehicles: 2 No. Injured: 1 No. Killed: 0 Not Investigated at Scene: <input type="checkbox"/> Accident Reconstructed: <input type="checkbox"/> Left Scene: <input type="checkbox"/> Police Photos: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 4
2	VEHICLE 1 VEHICLE 2: <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	20 7
3	VEHICLE 1 - Driver License ID Number: 000000000 Driver Name: RUFFIN, QUINTON M State of Lic.: UN Address: 356 BROADWAY APT 3 City/Town: KINGSTON, NY, Zip Code: 12401 Date of Birth: 1/2/1958, Sex: M, Unlicensed: <input checked="" type="checkbox"/> Name: UNREGISTERED	21 -
4	VEHICLE 2 - Driver License ID Number: 000000000 Driver Name: DOBRINSKI, DANIEL J State of Lic.: NY Address: 1 GARRAGHAN DRIVE City/Town: KINGSTON, NY, Zip Code: 12401 Date of Birth: 4/21/1998, Sex: M, Unlicensed: <input type="checkbox"/> Name: CITY OF KINGSTON	22 -
5	Plate Number: JKN7693, State of Reg.: NY, Vehicle Year & Make: 2002 NISS, Vehicle Type: SUBN, Ins. Code: 000 Plate Number: 123, State of Reg.: NY, Vehicle Year & Make: 2018 FORD, Vehicle Type: SUBN, Ins. Code: 716	23 1
6	Violation Section(s): 4011A, 4024, 1144A	24 1
7	Check if involved vehicle is: V <input type="checkbox"/> more than 95 inches wide; E <input type="checkbox"/> more than 34 feet long; H <input type="checkbox"/> operated with an overweight permit; I <input type="checkbox"/> operated with an overdimension permit. C <input type="checkbox"/> more than 95 inches wide; E <input type="checkbox"/> more than 34 feet long; H <input type="checkbox"/> operated with an overweight permit; I <input type="checkbox"/> operated with an overdimension permit. Damage Codes: Box 1 - Point of Impact (1, 2), Box 2 - Most Damage (3, 4, 5, 6) Vehicle By: DUKES TOWING, Towed To: DUKES TOWING VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE, 17. DEMOLISHED 15. TRAILER, 18. NO DAMAGE 16. OVERTURNED, 19. OTHER	25 3
8	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. ACCIDENT DIAGRAM 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	26 13 27 1 28 1
9	Reference Marker: _____ Coordinates (if available): Latitude/Northing: _____ Longitude/Easting: _____ Place Where Accident Occurred: County: ULSTER, City: <input checked="" type="checkbox"/> Village: <input type="checkbox"/> Town: <input type="checkbox"/> of KINGSTON Road on which accident occurred: BROADWAY at 1) intersecting street _____ or 2) 50 feet _____ miles _____ of BREWSTER ST <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W (Milepost, Nearest intersecting Route Number or Street Name)	29 -
10	Accident Description/Officer's notes: Marked Unit 123 was traveling northbound on Broadway responding to a call for service with injuries involved with emergency lights and sirens active. While enroute to the call for service Unit 123 was attempting to pass a vehicle that failed to move over. When doing so the said vehicle (vehicle 1) attempted to make a left hand turn, failing to yield right of way for an emergency vehicle and side swiping Unit 123 causing property damage. Operator	30 -

A L L I N V O L V E D		8	9	10	11	12	13	14	15	16	17 BY
A	1	1	4	1	63	M	-	-	-		RUFFIN, QUINTON M
B	2	1	4	1	23	M	04	12	6	9998	5501 DOBRINSKI, DANIEL J
C											
D											
E											
F											
G	Officer's Rank and Signature: POLICE OF <i>[Signature]</i>		Badge/ID No.: 251		NCIC No.: 05501	Precint/Post Troop/Zone:	Station/Beat Sector:	Reviewing Officer: OSTERHOUDT, ERNEST	Date/Time Reviewed: 5/11/2021		
H	Print Name in Full: KYLE VANVALKENBURGH										

POLICE ACCIDENT REPORT

Local Codes
BL-06492-21
SLP124D43PS2

MV-104A (6/04)

AMENDED REPORT

19

1	Accident Date Month: 5, Day: 6, Year: 2021	Day of Week THURSDAY	Military Time 15:22	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene Accident Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20
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VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2	VEHICLE - Driver License ID Number	State of Lic.	VEHICLE - Driver License ID Number	State of Lic.	21
Driver Name - exactly as printed on license		Driver Name - exactly as printed on license			
Address (Include Number and Street)		Apt. No.	Address (Include Number and Street)		Apt. No.

3	City or Town	State	Zip Code	City or Town	State	Zip Code	22
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Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	Date of Birth	Sex	Unlicensed	No. of Occupants	Public Property Damaged	23
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4	Name - exactly as printed on registration	Sex	Date of Birth	Name - exactly as printed on registration	Sex	Date of Birth	23
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Address (Include Number and Street)	Apt. No.	Haz Mat Code	Released	Address (Include Number and Street)	Apt. No.	Haz Mat Code	Released	24
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5	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	24
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Ticket/Arrest Number(s)	Ticket/Arrest Number(s)	25
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6	Violation Section(s)	Violation Section(s)	25
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7	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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VEHICLE DAMAGE CODES	VEHICLE DAMAGE CODES	ACCIDNT DIAGRAM	27
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Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	Box 1 - Point of Impact	Box 2 - Most Damage	Enter up to three more damage codes	27
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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	28
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Reference Marker	Coordinates (if available)	Place Where Accident Occurred:	29
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Latitude/Northing	County <u>ULSTER</u>	City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> of _____	29
Longitude/Easting	Road on which accident occurred _____	(Route Number or Street Name)	
	at 1) intersecting street _____	(Route Number or Street Name)	
	or 2) _____	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____	
	feet _____ miles _____	(Milepost, Nearest intersecting Route Number or Street Name)	

Accident Description/Officer's notes
of Unit 123 transported himself to Kingston Hospital to be evaluated for neck pain. V1 was towed by Dukes towing. V1 is a 2002 Nissan Xterra color red VIN#1FM5K8AR6JB12656 ADDITIONAL TICKETS FOR DRIVER #1 P124D43QTL, 3191U, P124D43PVJ, 5111A WITNESS #1 SHERRY ELLSWORTH METTACAHONTS ROAD LOT 4 KERHONKSON, NY 12446 (845) 399-9611 WITNESS #2 NICOLE ELLSWORTH METTACAHONTS ROAD LOT 4 KERHONKSON, NY 12446 (845) 399-6402

8	9	10	11	12	13	14	15	16	17	BY
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Officer's Rank and Signature	POLICE OF <u>Kyle Vanvalkenburgh</u>	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full	KYLE VANVALKENBURGH	251	05501			OSTERHOUDT, ERNEST	5/11/2021

New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
POLICE LINE OF DUTY ACCIDENT

AMENDED REPORT

Page 1 of 1 Pages

Precinct
Local Accident Number BL-06492-21
SLP124D43PS2

IMPORTANT: If you are the officer in charge, complete and sign this form, and attach it to the MV-104A or MV-104AN.

Accident Date	Accident Time	County
5 / 6 / 2021 <small>Month Day Year</small>	15:22 <small>In Military Time</small>	ULSTER

NAMES OF DRIVERS: (Please Print or Type)

*	Last	First	M.I.	State of Veh. Reg.			
VEH1	RUFFIN	QUINTON	M	NY	JKN7693	UN	00000000
<input type="checkbox"/>							
VEH2	DOBRINSKI	DANIEL	J	NY	123	NY	00000000
<input checked="" type="checkbox"/>							
VEH3							
VEH4							
VEH5							
VEH6							

Pursuant to Section 605 of the New York State Vehicle and Traffic Law, the attached Police Accident Report is also the motorist report for vehicle number(s) 2.

* Pursuant to Section 605(a)(4) of the Vehicle and Traffic Law, check **only** the box for each police officer operating a police vehicle (as defined by V & T Section 132-a) **during emergency operation** (as defined by V&T Section 114-b) when the accident occurred.

Date 05/11/2021 22:54	Signature of Owner of Police Vehicle/Police Agency Representative 	NCIC# 05501
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Local Codes
BL-06492-21
SLP124D43PS2

POLICE ACCIDENT REPORT

MV-104A (6/04)

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5	6	2021	THURSDAY	15:22	2	1	0		<input type="checkbox"/>	

