



U.S. Department
of Transportation
**Research and
Special Programs
Administration**

MAY 18 2004

400 Seventh St., S.W.
Washington, D.C. 20590

Ms. Nancy Werner
Lindenbaum & Silber, PLLC
419 Park Avenue South
New York, NY 10016-8096

Ref. No.04-0079

Dear Ms. Werner:

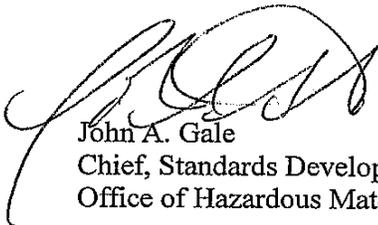
This is in response to your letter of April 20, 2004, requesting a copy of an incident report submitted in accordance with § 171.16. You state in your letter that the incident occurred on February 20, 2004. The incident involved a collision between an oil carrying cargo tank motor vehicle, owned by Consumers-Energy Group, and an individual (Edwin Solis) in a personal motor vehicle.

Each carrier who transports hazardous materials is required to report in writing, in duplicate, on DOT Form 5800.1 to the Research and Special Programs Administration within 30 days of the date of discovery, each incident that occurs during the course of transportation (including loading, unloading, and temporary storage) in which any of the circumstances set forth in § 171.15(a) occurs or there has been an unintentional release of hazardous materials from a package.

We have reviewed our records, and have no indication that a DOT Form 5800.1 was submitted for the incident in question.

I hope this satisfies your request.

Sincerely,



John A. Gale
Chief, Standards Development
Office of Hazardous Materials Standards



040079

172.16

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April 20, 2004

BAH

§172.16

Incident Report

04-0079

Mr. Edward T. Mazzullo
Director, Office of Hazardous Materials Standards
U.S. DOT/RSPA (DHM-10)
400 7th Street, S.W.
Washington, DC 20590-0001

Re: Edwin Solis vs.

Dear Mr. Mazzullo:

Please note that this office represents Edwin Solis for a motor vehicle accident that occurred on February 20, 2004 where an oil tanker owned by Consumers-Energy Group, driven by Jose Romero slammed into our client's vehicle. (Enclosed is a copy of the police report.)

It has come to our attention that due to this accident HAZMAT was possibly called to inspect the area where the accident happened. At this time, we respectfully request a copy of said report.

Should you have any questions, please do not hesitate to contact this office.

Very truly yours,

Nancy Werner

Nancy Werner
Paralegal

POLICE ACCIDENT REPORT (NYC) MV-104AN (7/01)

Precinct 108
Accident No. 412

Complaint Number

AMENDED REPORT

19
60

1 Accident Date: Month 02, Day 20, Year 04. Day of Week: FRI. Military Time: 2130. No. of Vehicles: 2. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed:

2 VEHICLE 1: License ID Number 745 100 563, Driver Name ROMERO, JOSE, A, Address 633 PROSPECT PL, City/Town BROOKLYN, State NY, Zip Code 11216. VEHICLE 2: License ID Number 649 808 585, Driver Name SOLIS OMAR, Address 1343 BOSTON AVE, City/Town BAYSHORE, State NY, Zip Code 11706.

20

3 Date of Birth: VEHICLE 1 (10/10/51), VEHICLE 2 (02/11/68). Sex: M. Unlicensed: . No. of Occupants: 1. Public Property Damaged:

21

4 Name: CONSUMERS-ENERGY GROUP INC (VEHICLE 1), SOLIS, EDWIN, OMAR (VEHICLE 2). Address: PO BOX 599 370 (VEHICLE 1), 1343 BOSTON AVE (VEHICLE 2). City/Town: BKLYN (VEHICLE 1), BAYSHORE (VEHICLE 2). State: NY (VEHICLE 1), NY (VEHICLE 2). Zip Code: 11237-0599 (VEHICLE 1), 11706 (VEHICLE 2).

22

5 Plate Number: 77440JG (VEHICLE 1), CSC 8106 (VEHICLE 2). State of Reg: NYS (VEHICLE 1), NYS (VEHICLE 2). Vehicle Year & Make: 82 DWHITE TRUCK (VEHICLE 1), 2004 HYUN 4DSD (VEHICLE 2). Vehicle Type: TRUCK (VEHICLE 1), 4DSD (VEHICLE 2). Ins. Code: 240 (VEHICLE 1), 240 (VEHICLE 2).

23

6 Violation Section(s): N/A

24

7 VEHICLE DAMAGE CODING: VEHICLE 1 (Box 1: 1, Box 2: 2), VEHICLE 2 (Box 1: 1, Box 2: 11). Vehicle Towed: N/A (VEHICLE 1), JAMAICA TOW TO 170-281 (VEHICLE 2).

25

8 ACCIDENT DIAGRAM: Shows vehicle positions and damage locations. Includes a diagram of a vehicle with damage points 1-13. Cost of repairs to any one vehicle will be more than \$1000: Unknown/Unable to Determine Yes No.

26

9 Reference Marker: 278E, 45M3, 4009. Coordinates: Latitude/Northing, Longitude/Easting. Place Where Accident Occurred: QUEENS. Road on which accident occurred: BOE. (Route Number or Street Name). at 1) intersecting street: 1 ON 48 ST. (Route Number or Street Name). or 2) 1 ON 48 ST. (Milepost, Nearest Intersecting Route Number or Street Name).

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10 Accident Description/Officer's Notes: AT 11:10 MOTORIST OF VEHICLE #1 STATES HE WAS TRAVELING STRAIGHT AHEAD WHEN VEH #2 CUTT HIM OFF, COLLIDING INTO HIS VEHICLE. MOTORIST OF VEHICLE #2 STATES HE WAS TRAVELING STRAIGHT AHEAD, WHEN VEHICLE #1 WAS CHANGING LANES, COLLIDING INTO HIS VEHICLE.

28

Table with columns: ALL INVOLVED (A-F), 8-18, BY, TO, 18, Names of all involved, Date of Death Only. Row 1: A, 1, 1, 1, 47 M, NO INJURY, ROMERO, JOSE, A. Row 2: B, 2, 1, 4, 36 M, 46 12 6, 4583 7324, SOLIS, OMAR.

29

11 Officer's Rank and Signature: PO [Signature]. Print Name: ANITA. Tax ID No.: 975331. NCIC No.: 03030. Precinct: 108. Post/Sector: I. Reviewing Officer: WJ. Date/Time Reviewed: 2/23/09.

30

USE COVER SHEET

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

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

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

Vehicle No. 1	<u>CA 9594804</u>	Vehicle No. 2	
Expiration Date	<u>10/02/04</u>	Expiration Date	
VIN	<u>LWXDAHJD3CN051865</u>	VIN	<u>KMHDN56D24U102839</u>

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input checked="" 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)

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							
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> 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) _____	