

City of Utica



Utica, New York

To The City Clerk of Utica

As provided by Section 12 of the Second Class Cities Laws, I hereby certify that

Name: Joseph R. Lauza

Address: [REDACTED]

Telephone:

has this day been appointed to the position of Police Officer

in the department of Public Safety- Bureau Of Police

the term to commence 5/17/2018

the term to end

filling unexpired term of (if applicable)

Signed

Mayor

Title of Official

PERFORMANCE EVALUATION REPORT

NAME (FIRST, LAST, MI) Joseph Lanza	ID # 4778	RANK PO	DIVISION/UNIT C-1
DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) Street Patrol	PERIOD COVERED Annual	FROM 2/5/19	TO 12/31/19

PERFORMANCE LEVEL DEFINITIONS

OUTSTANDING = 5 VERY GOOD = 4 ACCEPTABLE = 3 NEEDS IMPROVEMENT = 2 UNSATISFACTORY = 1
 In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past Twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

1. DUTY PERFORMANCE (ALL EMPLOYEES)

4	PERSONAL APPEARANCE	3	COMMAND PRESENCE	3	REPORT WRITING ABILITY	3	INTERPERSONAL SKILLS (VERBAL)
2	RESPONSIVENESS TO SUPERVISION	4	ATTENDANCE	2	RELIABILITY	3	PERFORMANCE UNDER STRESS
3	PERFORMANCE	4	PUNCTUALITY	3	INVESTIGATIVE/PROBLEM SOLVING SKILLS		
2	JUDGMENT	2	CARE AND USE OF EQUIPMENT	3	KNOWLEDGE OF LAWS, POLICIES, ETC		

2. DAYS LOST DURING PERIOD COVERED BY THIS REPORT

SICK: 0 INJURED ON-DUTY: 1 INJURED OFF-DUTY: OTHER: TOTAL OCCURENCES: 1

3. SUPERVISORY PERSONNEL ONLY

LEADERSHIP
QUALITIESEFFECTIVENESS OF
DELEGATIONTRAINING/COACHING
OF SUBORDINATESEVALUATION OF
SUBORDINATES

4. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

General Appearance - Officer Lanza consistently displays a professional appearance. He passed the unannounced uniform inspection completed by Sgt. Poccia.

Responsiveness To Supervision - PO Lanza was sent multiple e-mails from Sgt. Wooden to correct an accident report, which he didn't. Sgt. Perra sent him an e-mail to correct the same and he failed to correct the report again. When asked why he did not follow Sgt. Wooden and Sgt. Perra's order he stated he did not check his email.

Attendance and Punctuality - Officer Lanza did not use any sick days during this rating period. He routinely arrives for work early to prepare for the ensuing shift and is ready to be deployed at a moment's notice.

On April 23 2019 RO Lanza was advised by ADA Maria Murad Blais through an email regarding felony hearing subpoenas for himself and victim of a felony domestic. RO Lanza was advised in the email that he would need to serve prior to the court date of April 26, 2019. RO Lanza failed to serve the subpoena to the victim, nor assure the subpoena was served by any other officer on same shift or any other shift. In addition RO Lanza also failed to attend the felony hearing in which he was given a subpoena for believing the court date was another day and had more time to deliver the subpoena.

Officer Lanza has a very positive attitude while on the job and interacts very professionally and respectfully in the community and with the public:

On 8/24/19 Officer Lanza was involved in a motor vehicle accident, where two parties were injured. He was faulted for the accident and caused significant damage to his police car as well as other vehicles involved.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

Officer Lanza needs to be more careful when responding to a call in an emergency mode. He is a relatively inexperienced officer. He should strive to learn the job by putting in for specialized training. He needs to be more responsive to supervisor's requests and address the same in a timely manner.

(Continue on Back)

(Goal settings Continue From Front)

5. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND
B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.

☐ OUTSTANDING ☐ VERY GOOD ☒ ACCEPTABLE ☐ NEEDS IMPROVEMENT ☐ UNSATISFACTORY

6. REVIEWING COMMANDING OFFICER: (Immediate Supervisor) Name:

Signature James Holt Jr. / James R. Holt Jr. Rank Lieutenant Date 2/3/20
Print / Signature

7. SUPERVISOR REVIEWING WITH EMPLOYEE: Name:

Signature Dzenan Sabanovic / [Signature] Rank Sergeant Date 2/3/20
Print / Signature

8. EMPLOYEE'S COMMENTS: (Optional)

9. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.

Signature Joseph Lanza / [Signature] Rank Police Officer Date 2/3/20
Print / Signature

PERFORMANCE EVALUATION REPORT

NAME (FIRST, LAST, MI) Jospeh Lanza	ID # 4778	RANK Ptlm	DIVISION/UNIT Records
DUTY ASSIGNMENT (I.E. DESK, STREET PATROL, BOOKING) Records Clerk	PERIOD COVERED 1 month	FROM 01/01/2019	TO 02/05/2019

PERFORMANCE LEVEL DEFINITIONS

OUTSTANDING = 5 VERY GOOD = 4

ACCEPTABLE = 3

NEEDS IMPROVEMENT = 2

UNSATISFACTORY = 1

In making the evaluation of each category below, supervisors are to evaluate the employee's performance only for the past Twelve month period and compare that performance to guidelines established in section 6.15 C (1 through 18) of General Order # 02-47 Personnel Performance Evaluations.

1. DUTY PERFORMANCE (ALL EMPLOYEES)

4 PERSONAL APPEARANCE	COMMAND PRESENCE	REPORT WRITING ABILITY	4 INTERPERSONAL SKILLS (VERBAL)
4 RESPONSIVENESS 5 TO SUPERVISION	ATTENDANCE	4 RELIABILITY	PERFORMANCE UNDER STRESS
4 PERFORMACE 4	PUNCTUALITY	INVESTIGATIVE/PROBLEM SOLVING SKILLS	
JUDGMENT	CARE AND USE OF EQUIPMENT	KNOWLEDGE OF LAWS, POLICIES, ETC	

2. DAYS LOST DURING PERIOD COVERED BY THIS REPORT

SICK: INJURED ON-DUTY: INJURED OFF-DUTY: OTHER: TOTAL OCCURENCES: **0**

3. SUPERVISORY PERSONNEL ONLY

LEADERSHIP
QUALITIESEFFECTIVENESS OF
DELEGATIONTRAINING/COACHING
OF SUBORDINATESEVALUATION OF
SUBORDINATES

4. NARRATIVE SECTION (This section is to be used to record specific and personal characteristics of this employee which are not adequately covered in the rating sections above. Any factors rated as a 1 or a 5 in the above sections must be articulated in this section.)

PO Lanza was transferred to the Records Unit a part of [REDACTED] assignment due to his on the job injury. As PO Lanza was assigned to the Records Unit for very short period of time some of the evaluating factors were not observed therefore no entry was made for the corresponding evaluating sections.

Attendance- PO Lanza used 0 sick days during this rating period.

PO Lanza is a new officer, he is motivated and eger to learn. PO Lanza shows positive attitude towards new assignments and has developed a good rapport with the other members of the Records Unt.

How can this employee best improve his/her performance? (Include setting Career /Performance Goals).

PO Lanza can improve his performance by continuing to learn and gain experience from his senior officers and supervisors.

(Continue on Back)

(Goal settings Continue From Front)

5. OVERALL PERFORMANCE RATING: This overall rating is to be based on the following factors:

- A. The employee's performance in his/her present assignment during the evaluation period; AND
B. Consideration of the general needs of the Department, comparing the capabilities and characteristics of this employee to all other employees of equal rank and pay grade known to the evaluator.

☐ OUTSTANDING ☒ VERY GOOD ☐ ACCEPTABLE ☐ NEEDS IMPROVEMENT ☐ UNSATISFACTORY

6. REVIEWING COMMANDING OFFICER: (Immediate Supervisor) Name: Edin Selimovic

Signature Edin Selimovic Rank Sergeant Date 1/16/2020
Print / Signature

7. SUPERVISOR REVIEWING WITH EMPLOYEE: Name:

Signature James Holt / James R. Holt Jr. Rank LT. Date 2/8/20
Print / Signature

8. EMPLOYEE'S COMMENTS: (Optional)

9. EMPLOYEE'S SIGNATURE: This signature does not necessarily indicate agreement with this report. It verifies that this report has been personally reviewed with me and that I have received a copy of this report. If I do not agree with this report, I have indicated this by writing "under protest" next to my signature. I have also indicated whether I "request appeal" or "waive appeal" on this report.

Signature Joe Lanza Rank Patrolman Date 2-8-20
Print / Signature



CITY OF UTICA

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF POLICE

413 ORISKANY STREET WEST

UTICA, NEW YORK 13502

ROBERT PALMIERI

Mayor

MARK WILLIAMS

Chief of Police

1/15/2020

Officer J. Lanza

C Platoon

Patrol Division

Officer J. Lanza:

On August 24, 2019, you were assigned to C Platoon Car / Zone 59 (sole occupant). While operating Car 59, you were faulted for causing a motor vehicle accident. Specifically, the accident investigation found that you passed a red traffic light and failed to yield the right of way at the intersection of Pleasant St. and Elm St. in the City of Utica which resulted in a motor vehicle accident whereas four vehicles were damaged and two individuals were injured. One of the damaged vehicles was Car 59 which sustained a damage estimate totaling \$15,549. Sgt. Poccia handled the associated internal investigation regarding the officer involved motor vehicle accident to determine if departmental policy was violated. The ensuing internal investigation found that you were not wearing your seatbelt and you failed to utilize "due care" while operating Car 59 subsequently violating several sections of departmental policy.

As a result of the investigation it was determined that you have violated Department Procedural Manual as follows:

Chapter 4, Article 3 – Police Vehicles and Equipment

3.20 SEAT BELT USE:

A. Any time a member is operating a vehicle or is a passenger in a vehicle during his tour of duty, the use of a seat belt is mandatory. Only in cases of rare and exigent circumstances may non-use of a seat belt be necessitated and only for a brief period of time.

Chapter 4, Article 1 – Patrol Operations

1.14 CARE OF EQUIPMENT:

A. Officers assigned a departmental vehicle shall abide by all policies, procedures, and rules relating to the care, inspection, and maintenance of such vehicle.

Chapter 8, Article 1 – Professional Standards of Conduct and Ethics

1.14 PERFORMANCE AND ATTENTION TO DUTY:

A. General Duties;

2. Employees shall perform their duties in a competent manner.

EE. Departmental Vehicles/Operation/Care/ Personal Use/MV Accident/Reporting;

2. Employees shall operate departmental vehicles in a careful and prudent manner, and shall obey all laws and departmental directives pertaining to such operation.

1.17 GENERAL RULES OF CONDUCT:

Last Revision Date 6/7/2016

P. Departmental Property and Equipment;

1. Employees shall be held responsible for the proper care and use of departmental property and equipment assigned to or used by them. When obtaining any equipment, and again upon its return, it is the employee's responsibility to inspect it. Employees shall utilize departmental equipment only for its intended purpose.

On 1/15/2020, a Command Discipline hearing was commenced. You were offered PBA representation and you accepted/denied. Also present during this hearing was (declined PBA representation). We came to the following resolution.

- A) You accept the findings of the investigation.
- B) You accept responsibility for violating the Departmental Procedural Manual.
- C) You accept this Letter of Reprimand, directing the forfeiture of 5 Vacation Days.
- D) You also understand that in the future, this behavior or any other violation of Departmental Rules or Regulations of a similar nature will be subject to further disciplinary action.

You are being furnished a copy of this letter. The original with acknowledgment, signed by you, will be placed in your personnel file.

Don Cinque, 1420
Capt. D. Cinque

James R Holt Jr
Lt. J. Holt Jr.

PO Lanza
Officer J. Lanza

Declined JL
PBA Rep.

I acknowledge the content of this letter
and a copy of it has been provided to me.

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2020

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 63,967.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ Permanent
☐ Provisional
☐ Temporary
☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
☐ Exempt Class
☐ Labor Class

From: To:
From: To:
From: To:

Return report of Certification
Attach application (MSD-330)
State length of employment
Give facts under Remarks
Give facts under Remarks
Return report of Certification
Attach nomination
Attach application (MSD-330)
Submit this form only
Attach application (MSD-330)

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- ☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings

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- ☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
☒ Change in Salary
☐ Change in Name
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Remarks: (Continue on back if necessary)

Longevity inc. eff. 5/21/20.

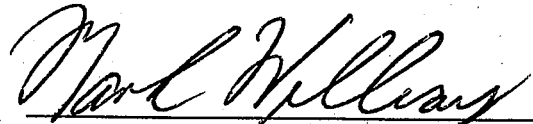
3.75% contract inc. eff. 4/1/20

Longevity inc. eff. 5/21/19.

Appointing Officer

Title

Address


Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2020

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 59,703.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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- ☐ Permanent
☐ Provisional
☐ Temporary
☐ Substitute
☐ For Term of Office
☐ Permanent Promotion
☐ Provisional Promotion
☐ Non-Competitive Class
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- ☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

Submit signed resignation
Give effective date
Indicate date
Attach copy of proceedings

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- ☐ Military Leave of Absence
☐ Other Leave of Absence
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Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/20

Longevity inc. eff. 5/21/19.

3.75% contract inc. eff. 4/1/19

Appointing Officer

Title

Address

Chief of Police

CERTIFICATE
valid until

(Date)

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By

Date

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SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2019

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:

Police Department

TITLE OF POSITION:

Police Officer

SALARY:

\$ 57,545.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran

☐ Non-Veteran

☐ Disabled Veteran

☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

☐ Provisional

☐ Temporary

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Indicate date

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Submit form MSD-222

Indicate new salary

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☐ Military Leave of Absence

☐ Other Leave of Absence

☐ Transfer

☐ Demotion

☐ Suspension

☐ Reinstatement

☐ Change in Classification

☐ New Position

☒ Change in Salary

☐ Change in Name

☐ Other

5/21/19

Remarks: (Continue on back if necessary)

Longevity inc. eff. 5/21/19.

3.75% contract inc. eff. 4/1/19

Address change eff. 10/8/18

New Contract salary changes eff. 4/1/18

Appointing Officer

Title

Address



Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

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SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 04 DAY 01 YEAR 2019

TO: Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:

Police Department

TITLE OF POSITION:

Police Officer

SALARY:

\$ 47,507.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran

☐ Non-Veteran

☐ Disabled Veteran

☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent

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Give facts under Remarks

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☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

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Give facts under Remarks

Submit form MSD-222

Indicate new salary

Give facts under Remarks

Give facts under Remarks

Remarks: (Continue on back if necessary)

3.75% contract inc. eff. 4/1/19

Address change eff. 10/8/18

New Contract salary changes eff. 4/1/18

pp. 6/8/18

Appointing Officer

Title

Address

Mark H. Williams

Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
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By

Date

Report all personnel changes to this form
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SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 10 DAY 08 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 45,790.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

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☐ Permanent
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☐ Resignation
☐ Retirement
☐ Deceased
☐ Removal
☐ Layoff (Lack of Work or Funds)

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Indicate date
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Give facts under Remarks

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☐ Military Leave of Absence
☐ Other Leave of Absence
☐ Transfer
☐ Demotion
☐ Suspension
☐ Reinstatement
☐ Change in Classification
☐ New Position
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☐ Other

From: To:

Give facts under Remarks
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Give facts under Remarks
Give facts under Remarks
Submit form MSD-222
Indicate new salary
Give facts under Remarks
Give facts under Remarks

Remarks: (Continue on back if necessary)

Address change eff. 10/8/18

New Contract salary changes eff. 4/1/18
pp. 6/8/18
New employee on payroll eff. 5/21/18.

Appointing Officer
Title
Address

Chief of Police

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

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SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 06 DAY 08 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 45,790.

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

A
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T
S

☐ Permanent

☐ Provisional

☐ Temporary

☐ Substitute

☐ For Term of Office

☐ Permanent Promotion

☐ Provisional Promotion

☐ Non-Competitive Class

☐ Exempt Class

☐ Labor Class

From: To:

From: To:

From: To:

Return report of Certification

Attach application (MSD-330)

State length of employment

Give facts under Remarks

Give facts under Remarks

Return report of Certification

Attach nomination

Attach application (MSD-330)

Submit this form only

Attach application (MSD-330)

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S

☐ Resignation

☐ Retirement

☐ Deceased

☐ Removal

☐ Layoff (Lack of Work or Funds)

Submit signed resignation

Give effective date

Indicate date

Attach copy of proceedings

Give facts under Remarks

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☐ Military Leave of Absence

☐ Other Leave of Absence

☐ Transfer

☐ Demotion

☐ Suspension

☐ Reinstatement

☐ Change in Classification

☐ New Position

☒ Change in Salary

☐ Change in Name

☐ Other

From: To:

From: To:

From: To:

From: To:

From: To:

From: To:

From: To:

From: To:

From: To:

From: To:

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Give facts under Remarks

Submit form MSD-222

Indicate new salary

Give facts under Remarks

Give facts under Remarks

Remarks: (Continue on back if necessary)

New Contract salary changes eff. 4/1/18
pp. 6/8/18

Appointing Officer

Title

Address



Chief of Police

New employee on payroll eff. 5/21/18.

CERTIFICATE
valid until

(Date)

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

Report all personnel changes to this form
Send ONE COPY prior to payroll affected by this change
SUPPLEMENTARY PAYROLL CERTIFICATION AND
REPORT OF PERSONNEL CHANGE

DATE

MONTH 05 DAY 21 YEAR 2018

TO:
Utica Civil Service Commission

NAME OF EMPLOYEE:
Lanza, Joseph R

FROM: (Check only one)

☒ City ☐ County ☐ Town ☐ Village or District

ADDRESS:

DEPARTMENT:
Police Department

TITLE OF POSITION:
Police Officer

SALARY:
\$ 42,317

NAME AND TITLE OF LAST EMPLOYEE IN POSITION:

☐ Veteran ☐ Non-Veteran
☐ Disabled Veteran ☐ Exempt Volunteer Fireman

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:
ID# 4778

Check Nature of Personnel Change

Date Effective

Action Necessary by Appointing Officer:

A
P
P
O
I
N
T
M
E
N
T
S

☒ Permanent

5/17/18

Return report of Certification

☐ Provisional

Attach application (MSD-330)

☐ Temporary

From: To:

State length of employment

☐ Substitute

From: To:

Give facts under Remarks

☐ For Term of Office

From: To:

Give facts under Remarks

☐ Permanent Promotion

Return report of Certification

☐ Provisional Promotion

Attach nomination

☐ Non-Competitive Class

Attach application (MSD-330)

☐ Exempt Class

Submit this form only

☐ Labor Class

Attach application (MSD-330)

T
E
R
M
I
N
A
S

☐ Resignation

Submit signed resignation

☐ Retirement

Give effective date

☐ Deceased

Indicate date

☐ Removal

Attach copy of proceedings

☐ Layoff (Lack of Work or Funds)

Give facts under Remarks

O
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E
S

☐ Military Leave of Absence

Give facts under Remarks

☐ Other Leave of Absence

From: To:

Give facts under Remarks

☐ Transfer

Give facts under Remarks

☐ Demotion

Give facts under Remarks

☐ Suspension

Give facts under Remarks

☐ Reinstatement

Give facts under Remarks

☐ Change in Classification

Give facts under Remarks

☐ New Position

Submit form MSD-222

☐ Change in Salary

Indicate new salary

☐ Change in Name

Give facts under Remarks

☐ Other

Give facts under Remarks

Remarks: (Continue on back if necessary)

New employee on payroll eff. 5/21/18.

Appointing Officer

Title

Address

Chief of Police

CERTIFICATE
valid until

This certifies that the above
employment is in accordance with
Law and Rules made in pursuance
to law. Subject to any limitation or
condition specified above.

By

Date

(Date)

UTICA POLICE DEPARTMENT

Personnel Order



Issue date: 4/24/19	Subject: Assignment / Transfer Orders	P.O. 19-19
Issuing Authority Captain D Cinque	Approved by: Chief M. Williams	

Officer Joseph Lanza

Will leave B Platoon Squad 2 on Friday April 26th, 2019.
He will report to Lieutenant James Holt on Tuesday April
29, 2019 at [REDACTED] for assignment in the [REDACTED] Platoon Squad
1.

Captain DE Cinque

PROBATIONARY REPORT

To Appointing Officer:

Please complete this form in triplicate:

- Forward original to the Civil Service Commission.
- Give one copy to the employee.
- Retain one copy for your files.

COPY

DATE THIS REPORT DUE: 5/3/19	The Civil Service Commission requires that this report be filed <u>two weeks</u> prior to the end of the probationary term. See date probationary term ends below.	
EMPLOYEE'S NAME: Joseph Lanza	DATE OF APPOINTMENT: 5/17/18	
SOCIAL SECURITY NUMBER: [REDACTED]	DEPARTMENT OR AGENCY: Utica Police Dept.	
STATUS/TITLE OF POSITION: Police Officer	JURISDICTIONAL CLASSIFICATION:	
ORIGINAL LENGTH OF THE PROBATIONARY TERM AS SHOWN ON THE GCCS-12(AorB): 1 year		
NUMBER OF DAYS ABSENT DURING THE PROBATIONARY TERM: 16		
NUMBER OF DAYS PROBATIONARY TERM IS TO BE EXTENDED: 0		
DATE PROBATIONARY TERM ENDS: 5/17/19		
IF SATISFACTORY, DATE PERMANENT STATUS BEGINS: 5/18/19		

CERTIFICATE OF APPOINTING OFFICER:

I hereby certify that the probationer has been observed and it has been found that the conduct, capacity, and fitness of the probationer is:

☒ **SATISFACTORY.** Employee will be retained as a permanent employee. Employee has served (Maximum) (Shortened) probationary period. Minimum probationary period is usually eight weeks, except in the case of trainee positions (12 weeks) and Police Officer (26 weeks).

☐ **UNSATISFACTORY.** Employee will be discharged or returned to prior permanent position.

☐ Copy of letter to employee attached.

☐ Copy of letter to employee to be submitted.

Mark Williams
Authorized Signature
MARK WILLIAMS
Print Name
Chief
Title

I have received a copy of this form.

[Signature]
Signature of Employee

5/21/19
Date



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

COPY

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name) <u>Lanza</u>		First Name (Given Name) <u>Joseph</u>		Middle Initial <u>R</u>	Other Last Names Used (if any)	
Address (Street Number and Name) [REDACTED]		Apt. Number	City or Town [REDACTED]		State [REDACTED]	ZIP Code [REDACTED]
Date of Birth (mm/dd/yyyy) [REDACTED]	U.S. Social Security Number [REDACTED]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>5/17/18</u>
---	---

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A
Identify and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

Document Title	Document Title <i>Dr Lic</i>	Document Title <i>SS CARD</i>
Issuing Authority	Issuing Authority <i>NYS</i>	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): *5/21/18* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>D. Deen</i>	Today's Date (mm/dd/yyyy) <i>5/17/18</i>	Title of Employer or Authorized Representative <i>OFFICE MANAGER</i>	
Last Name of Employer or Authorized Representative <i>TASIOR</i>	First Name of Employer or Authorized Representative <i>DORNA</i>	Employer's Business or Organization Name <i>UTICA POLICE DEPT</i>	
Employer's Business or Organization Address (Street Number and Name) <i>413 ORISKANY ST W</i>		City or Town <i>UTICA</i>	State <i>NY</i>
		ZIP Code <i>13502</i>	

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
-------------------------	-------------------------	----------------	-------------------

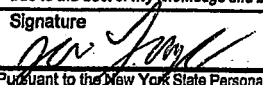
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

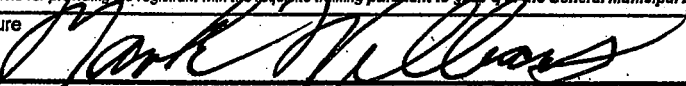
New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
(Executive Law § 845)

SECTION I - REGISTRANT INFORMATION (To be completed by the registrant)

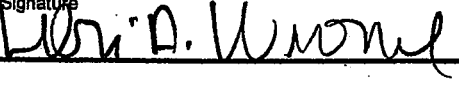
Were you previously a police officer in NYS? <input type="checkbox"/> Yes <input type="checkbox"/> No Police Officer as defined by NYS Criminal Procedure Law §1.20.	Last Name Lanza	First Name Joseph	MI R	Date of Birth [REDACTED]	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Social Security Number* [REDACTED]
	Home Residence Mailing Address [REDACTED]		City, State, Zip [REDACTED]		County of Home Residence [REDACTED]	
Home Residence Street Address (if Different) [REDACTED]		City, State, Zip [REDACTED]		City, State, Country of birth (if other than U.S.) [REDACTED]		
I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.						
Signature 						Date 5/17/18

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.


SECTION II - AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name Williams	First Name Mark	MI W	Title of Person Signing Section II Chief of Police
Name of Law Enforcement Agency Utica Police Department			Telephone 315-223-3400
Address 413 Oriskany St. West		City, State, ZIP Utica, NY, 13502	
Type of Appointment <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Background Check Conducted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Residency Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprints submitted to DCJS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §205-a of the General Municipal Law.			
Signature 			Date 5/17/18

SECTION III - CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name Wrobel	First Name Lori	MI A	Title of Person Signing Section III Executive Secretary
Name of Civil Service or Personnel Agency City of Utica Civil Service			Telephone 315-792-0227
Address 1 Kennedy Plaza		City, State, ZIP Utica, NY, 13502	
Title and Civil Service Classification of the Registrant Police Officer - Competitive			
I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature 			Date 05-24-18

SECTION IV - OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name George	First Name Michelle	MI	Title of Person Signing Section IV City Clerk
Name of Recording Office City of Utica City Clerks Office			Telephone 315-792-0117
Address 1 Kennedy Plaza		City, State, ZIP Utica, NY, 13502	
Oath of Office Date 5/17/18	Oath of Office Title of the Registrant Police Officer		
I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.			
Signature 			Date 5/23/18

Chapter Eight

Article One

Professional Standards of Conduct and Ethics

Chapter 8 Article 1

May 24, 2018

Professional Standards of Conduct and Ethics

Chapter 8 Article 1 Training Location: Mohawk Valley Community College (MVCC)

Officer print name; Joseph Lanza

Instructions received date: _____

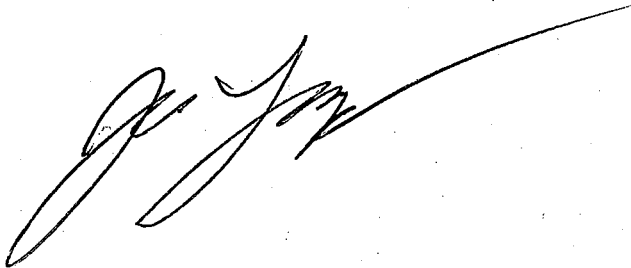
Instructed By: _____

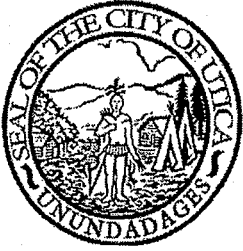
Witness: _____

Officer's signature verifying that he received a packet for review of;

Chapter 8 Article 1

Professional Standards of Conduct and Ethics

A handwritten signature in black ink, appearing to read 'J. Lanza', with a long, sweeping horizontal line extending to the right.



CITY OF UTICA

Civil Service
1 Kennedy Plaza, Utica, New York 13502
(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY TO THE CSC

CITY OF UTICA, NEW YORK POLICE OFFICER NEW HIRE MEMORANDUM OF AGREEMENT

In connection with my appointment as a Police Officer for the City of Utica, New York for the Spring 2017 Academy, I, Joseph Lanza
(print name), do hereby agree to the following:

- I understand and agree that, should I voluntarily terminate my employment with the City of Utica Police Department **for any reason other than health related, within three (3) years of my date of hire** (as listed above), I will be responsible for reimbursing the City of Utica for the cost of any uniforms or equipment issued to me by the City of Utica, as well as for the cost of all pre-employment processing expenses including the medical exam, drug testing, psychological testing, and polygraph testing. The amount of such reimbursement will be determined by the price in effect on the date of my hire. Current prices are listed on the attached sheet.
- In addition to the above, should I voluntarily terminate employment **within five (5) years of my date of hire for the purpose of accepting other employment in law enforcement**, I will be required to reimburse a percentage of my wages earned while at the Mohawk Valley Police Academy, in accordance with the attached schedule.

I also understand and agree that in the event of my voluntary termination, recovery of such monies owed may result in the City of Utica commencing a legal action to collect any money owed to the City of Utica under this Contract. I further agree that, in the event that I voluntarily terminate my employment as a City of Utica Police Officer within either of the two time periods set forth above, the City of Utica shall be permitted to initiate automatic payroll garnishment of any or all accumulated remaining time balances **e.g., vacation time, sick time, personal leave, and holiday pay**. If that amount is not sufficient to cover the total cost, I agree to fulfill my obligation to pay any remaining unpaid balances.

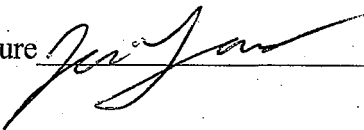
Print Name: Joseph Lanza

Signature: [Signature]

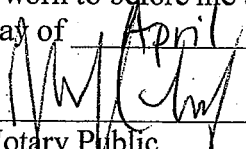
Date: 4/18/18

STATE OF NEW YORK)
 ss:
COUNTY OF ONEIDA)

I, Joseph Lanza, being duly sworn, deposes says as follows: I
have been offered a Conditional Offer of Employment as a Police Officer for the City of Utica, New York.
I have read the foregoing **New Hire Memorandum of Agreement** and I understand all of the provisions
and conditions set forth therein. I further understand that it is a Contract between the City of Utica and me
and that I agree that I am bound by all of the provisions contained in that Memorandum of Agreement.

Signature 

Sworn to before me this 18th
day of April, 2016 8


Notary Public
Commission Expires: 11/17/18

J. MEGHAN WOLF
Notary Public, State of New York
Qualified in Oneida County
Registration # 01WO6314763
My Commission Expires 11/17/18

Police Officer New Hire Agreement Attachment (Page 1)

<u>Uniforms and Equipment:</u>	<u>Price:</u>
Vests:	\$ 825.00
Short Sleeve Shirt (w/ Flag & Patch):	\$ 130.00
Long Sleeve Shirt (w/ Flag & Patch):	\$ 142.00
Pants	\$ 142.00
Neckties	\$ 4.50
Sweater (w/ Flag & Patch)	\$ 49.50
8 Pt Cap (w/ Stretch Strap/Band)	\$ 32.00
Raincoat w/8 Pt Cap Cover	\$ 97.25
Traffic Vests	\$ 44.50
Tie Bars	\$ 17.50
Hat Badge	\$ 32.50
Breast Badge	\$ 38.50
Name Tags	\$ 5.00
Three Season Coat	\$ 102.50
OC Spray	\$ 12.35
Head Gator	\$ 13.50
Handcuffs	\$ 44.95
Duty Weapon Holster	\$ 110.00
OC Spray Holder	\$ 24.50
Double Mag Holder	\$ 27.50
Belt Keepers	\$ 6.50
Cuff Case	\$ 22.50
Duty Belt	\$ 51.50
Total:	\$ 1976.05

Pre-Employment Processing Expenses:

Credit Check	\$ 10.35
Pre-Employment Medical Exam	self paid
Psychological	\$ 250.00
Drug Test	self paid
Total:	\$ 260.35

Training:

Firearms Training	\$ 540.00
Mohawk Valley Police Academy	\$ 1855.00
Total:	\$ 2395.00

**CITY OF UTICA, NY
RECAPTURE OBLIGATION SCHEDULE
City of Utica Police Department
Training Provided at the Mohawk Valley Police Academy**

6-12 mos (after graduation)	95%
13 mos - 18mos	90%
19 mos – 24 mos	85%
25 mos – 30 mos	80%
31 mos – 36 mos	75%
37 mos – 42 mos	70%
43 mos – 48 mos	65%
49 mos – 54 mos	60%
55 mos – 60 mos	50%

Total Investment

\$ 4631.40



CITY OF UTICA

Civil Service

1 Kennedy Plaza, Utica, New York 13502

(315) 792-0227 fax: (315) 792-0226

ROBERT M. PALMIERI
MAYOR

LORI A. WROBEL
SECRETARY, CSC

TO: Police Officer Candidates

RE: Residency Requirement

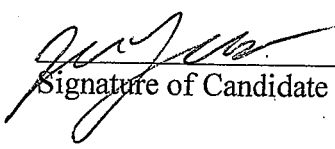
As you are aware, vacancies exist for the permanent position of Police Officer in the Department of Public Safety, Bureau of Police at an annual starting salary of \$36,258.

Please read the information below concerning residency requirements for permanent appointments:

UTICA CITY CHARTER, SECTION 2.045:

- Definition. Residency means the actual principal domicile of an individual, where the individual normally sleeps and maintains usual personal and household effects.
- Residency for new Officers and Employees. Except as otherwise provided by law, there is a residency requirement for all prospective officers and employees of the City, including members of the police force. Every person initially employed by the City, shall as a qualification of employment, become a resident of the City within six (6) months of the date of initial service for the City. During an employee's time of service, no such employee shall cease to be a resident of the City.

(x) I have read and understand the above portion of the Utica City Charter, Section 2.045 and will accept these terms if a permanent appointment is offered.


Signature of Candidate

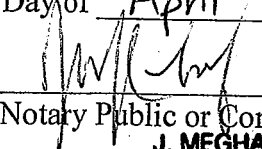
4/18/18

Date

This letter should not be interpreted to mean that you will definitely be appointed to this position. Appointment is dependent upon your availability, the result of any interviews conducted and the possible selection of another equally qualified candidate.

Sworn to me this 18th

Day of April, 20 18.


Notary Public or Commissioner of Deeds

J. MEGHAN WOLF

Notary Public, State of New York

Qualified in Oneida County

Registration # 01WO6314763

My Commission Expires 11/7/18

Thanks!



5 May 2019

To the Utica Police Department,

In an era where public servants are often under fire — literally — your department shines! The officers who quickly responded to [REDACTED] "911" call on 5/2/19 were super! They arrived within minutes and apprehended the suspect in record time, returning my mom's belongings before the night was over. Excellent service and with a smile. Great work, guys!

[REDACTED] family wants to express gratitude to Ryan Kelly and Ray Maldonado — they were professional, patient, polite, and kind. We are glad the perpetrator was only a thief; he could very easily have been a killer. The night might not have had such a happy ending!

With appreciation,

[REDACTED] and [REDACTED]

jmoran

From: mwilliams
Sent: Monday, December 10, 2018 2:49 PM
To: Mayor
Cc: enoonan; dcinque; cfaniglula; sdougherty; jsweet; jlanza; jmoran
Subject: FW: [REDACTED]

Mayor,

Below is an email that I received from Sergeant Faniglula about on incident that took place on December 2nd at [REDACTED] - Columbia Street. Utica Police Officers Joshua Sweet and Joseph Lanza responded there for a disruptive person in the [REDACTED] and the complainant- [REDACTED] complimented the officers for their actions.

Great job, Joshua and Joseph! Thank you for representing the department proudly!

Megan: Please place a copy of this email in Officer Sweet and Lanza's personnel file.

Chief of Police Mark W. Williams



City of Utica Police Department

413 Oriskany Street West

Utica, New York 13502

Office Telephone: (315) 223-3400

E-mail address: [REDACTED]

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this communication by any other person or entity is strictly prohibited. Should you receive this transmission in error,
please notify the sender by telephone or by return e-mail.

From: cfaniglula [REDACTED]
Sent: Wednesday, December 05, 2018 2:19 PM
To: mwilliams <[REDACTED]>
Subject: [REDACTED]

Sir,

I spoke with Ms. [REDACTED] this afternoon regarding an incident that took place on 12/2 at [REDACTED]
[REDACTED] on Columbia St. Ms. [REDACTED] called to praise PO Sweet and PO Lanza for actions during an incident
with a disruptive party in the [REDACTED]. She asked if you could call her at [REDACTED] so she could further elaborate
regarding the incident.

Respectfully,
Sgt. Christopher Faniglula
B-Platoon; Squad 1



State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Joseph R Lanza

has successfully completed the

Breath Analysis Operator Course

which satisfies the minimum
criteria established by the

Municipal Police Training Council

Mohawk Valley Police Academy

Issue Date 07/11/2018

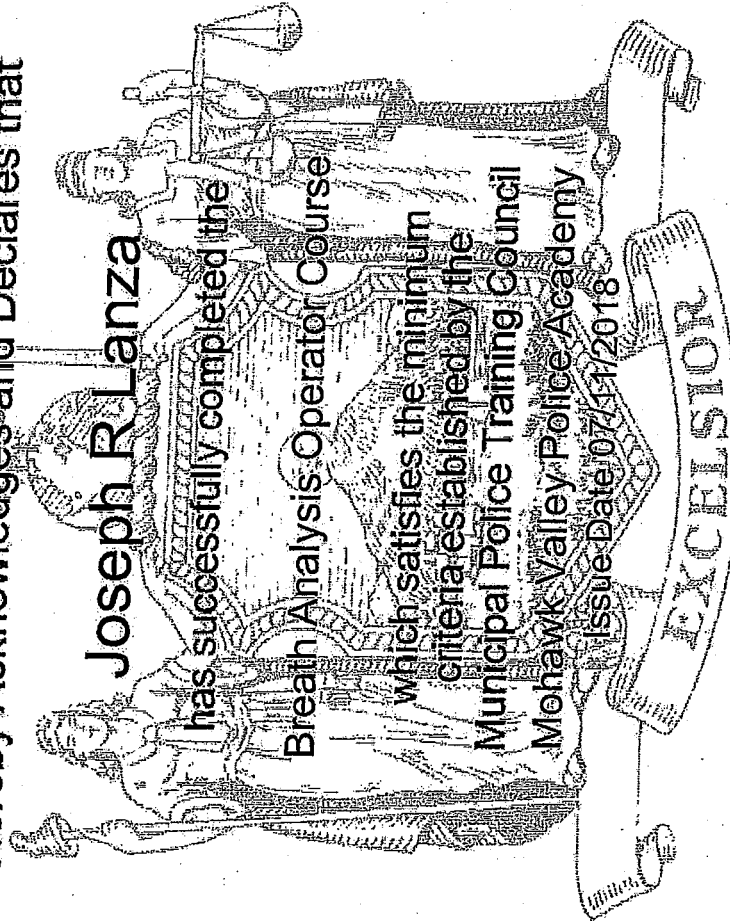
Expiration Date
07/11/2020

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services



State of New York

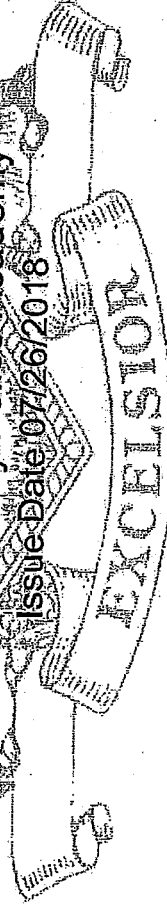
Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Joseph R. Lanza

has successfully completed the
Radar/Lidar Operator Course
which satisfies the minimum
criteria established by the
Municipal Police Training Council
Mohawk Valley Police Academy
Issue Date 07/26/2018



Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services

State of New York

Division of Criminal Justice Services

Municipal Police Training Council

Hereby Acknowledges and Declares that

Joseph R Lanza

has successfully completed the
Basic Course for Police Officers or Equivalent
which satisfies the minimum
criteria established by the
Municipal Police Training Council
Mohawk Valley Police Academy
Issue Date 06/20/2019

Ronald G. Spike

Ronald G. Spike
Chairman
Municipal Police Training Council

Michael R. Wood

Michael R. Wood
Deputy Commissioner
Division of Criminal Justice Services

Training Course Summary

Print Date: July 27, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000005	2018 December Inservice	In Service	0.00	8.00			Active Shooter/ Inv Amerosa

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	12/03/2018 08:00	12/03/2018 16:00		--
	12/07/2018 08:00	12/07/2018 16:00		--
	12/11/2018 08:00	12/11/2018 16:00		--
	12/17/2018 08:00	12/17/2018 16:00		--
	12/19/2018 08:00	12/19/2018 16:00		--
	12/21/2018 08:00	12/21/2018 16:00		--

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 27, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Prerequisites</u>		<u>Comments</u>
2019000000007	2019 Feb Inservice	In Service	0.00	8.00	<u>Course 1</u>	<u>Course 2</u>	Legal Updates/ Alcohol awareness/ EAP services

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	02/05/2019 08:00	02/05/2019 16:00		--
	02/07/2019 08:00	02/07/2019 16:00		--
	02/11/2019 08:00	02/11/2019 16:00		--
	02/15/2019 08:00	02/15/2019 16:00		--
	02/21/2019 08:00	02/21/2019 16:00		--
	02/25/2019 08:00	02/25/2019 16:00		--

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Prerequisites	Course 1	Course 2	Comments
2019000000003	2019 January Inservice	In Service	0.00	8.00				Infectious Disease (Phil Taurisano UFD)/Use of Force (LT Holt)/ DV/Work place violence/Sexual Harassment (PO Jess Dodge)

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	01/08/2019 08:00	01/08/2019 16:00		
	01/10/2019 08:00	01/10/2019 16:00		
	01/14/2019 08:00	01/14/2019 16:00		
	01/16/2019 08:00	01/16/2019 16:00		
	01/18/2019 08:00	01/18/2019 16:00		
	01/24/2019 08:00	01/24/2019 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Prerequisites	Comments
2019000000031	2019 May Inservice Firearms	In Service	0.00	8.00	Course 1	Lead Instructor Inv. Amerosa
					Course 2	

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	05/06/2019 05:00	05/06/2019 13:00		--
	05/08/2019 05:00	05/08/2019 13:00		--
	05/10/2019 05:00	05/10/2019 13:00		--
	05/16/2019 05:00	05/16/2019 13:00		--
	05/20/2019 05:00	05/20/2019 13:00		--
	05/24/2019 05:00	05/24/2019 13:00		--

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 27, 2020

Course Information

<u>Course NO</u>	<u>Title</u>	<u>Type</u>	<u>Credits</u>	<u>Hours</u>	<u>Course 1</u>	<u>Course 2</u>	<u>Comments</u>
2019000000050	2019 November inservice defensive Tac	In Service	0.00	8.00			Defensive tactics/ CIT/Sexual Harassment / Critical Incident and continuity / Supervisor performance Eval training

Course Schedule

Schedule

<u>Class ID</u>	<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Company</u>	<u>Course Location</u>
	11/04/2019 08:00	11/04/2019 16:00		--
	11/08/2019 08:00	11/08/2019 16:00		--
	11/12/2019 08:00	11/12/2019 16:00		--
	11/14/2019 08:00	11/14/2019 16:00		--
	11/18/2019 08:00	11/18/2019 16:00		--
	11/22/2019 08:00	11/22/2019 16:00		--

Instructor

<u>Reserve Date</u>	<u>Course Category</u>	<u>Serial ID</u>	<u>Notes</u>
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000002	2020 February in-service	In Service	0.00	8.00			CPR recert/ DV/ Workplace Violence/Sexual Harassment

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	02/04/2020 08:00	02/04/2020 16:00		
	02/10/2020 08:00	02/10/2020 16:00		
	02/12/2020 08:00	02/12/2020 16:00		
	02/20/2020 08:00	02/20/2020 16:00		
	02/24/2020 08:00	02/24/2020 16:00		
	02/26/2020 08:00	02/26/2020 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Prerequisites	Comments
2019000000030	April 2019 Inservice	In Service	0.00	0.00	Course 1	Cultural Awareness training Refugee center/ DWI SFST refresher

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		04/02/2019 08:00	04/02/2019 16:00		
		04/04/2019 08:00	04/04/2019 16:00		
		04/08/2019 08:00	04/08/2019 16:00		
		04/12/2019 08:00	04/12/2019 16:00		
		04/18/2019 08:00	04/18/2019 16:00		
		04/22/2019 08:00	04/22/2019 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Course Information

Course NO	Title	Type	Credits	Hours	Prerequisites	Comments
2019000000002	ET School	State Sponsored Certifications	0.00	80.00	Course 1	

Course Schedule

Schedule	Class ID	Start Date/Time	End Date/Time	Company	Course Location
		11/05/2018 08:00	11/16/2018 16:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2019000000029	June Inservice 2019	In Service	0.00	8.00			Narcan Refresher training/ Leads On-Line training/ Taserrecert

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	06/07/2019 08:00	06/07/2019 16:00		--
	06/11/2019 08:00	06/11/2019 16:00		--
	06/13/2019 08:00	06/13/2019 16:00		--
	06/17/2019 08:00	06/17/2019 16:00		--
	06/21/2019 08:00	06/21/2019 16:00		--
	06/27/2019 08:00	06/27/2019 16:00		--

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000019	Online defensive riving course	Other Outside agency sponsored	0.00	1.00			

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	04/15/2020 08:00	04/15/2020 16:00		--

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Training Course Summary

Print Date: July 27, 2020

Course Information

Course NO	Title	Type	Credits	Hours	Course 1	Course 2	Comments
2020000000023	TASER inservice	In Service	0.00	4.00			

Course Schedule

Schedule

Class ID	Start Date/Time	End Date/Time	Company	Course Location
	04/03/2020 08:00	04/03/2020 12:00		
	04/06/2020 08:00	04/06/2020 12:00		
	04/07/2020 08:00	04/07/2020 12:00		
	04/14/2020 08:00	04/14/2020 12:00		
	04/15/2020 08:00	04/15/2020 12:00		
	04/16/2020 08:00	04/16/2020 12:00		
	04/20/2020 08:00	04/20/2020 12:00		
	04/23/2020 08:00	04/23/2020 12:00		
	04/24/2020 08:00	04/24/2020 12:00		
	04/28/2020 08:00	04/28/2020 12:00		
	04/30/2020 08:00	04/30/2020 12:00		

Instructor

Instructor	Reserve Date	Course Category	Serial ID	Notes
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Concise OfficerStacked Incidents Listing

Police Officer Joseph R. Lanza [4778/4778]

: 4778 Hire date: May 21, 2018

Current assignment(s):

Department: Patrol Division
Bureau: Uniformed Patrol
Division: Uniformed Patrol

Incidents Listing -----

Received Dt Officers	IA No	Incident type Involved Citizens	Acc Lev	Involved
Aug 24, 2019 Joseph R. Lanza	MVA2019-0009	Vehicle accident [REDACTED]	5	Police Officer

This email is to serve as notification that on today's date (8/24/19) at approximately 1855 hours PO Lanza who was operating marked patrol unit 59 was involved in a four car MVA while responding to an attempt to locate of a FL5 [REDACTED]. Per PO Lanza he was traveling North on Elm St. when he entered the intersection with Pleasant St. against the red light with only his vehicles emergency lights activated (no siren). While traveling north through this intersection his vehicle collided with another vehicle ([REDACTED]) which was traveling west on Pleasant St. in the passing lane. Per [REDACTED] and her front seat passenger [REDACTED] they entered the intersection with the green light. After impact NY [REDACTED] deflected off of Car 59 and struck two parked vehicles which were parked on the northwest corner of the intersection.

Both [REDACTED] and [REDACTED] sustained injuries and were evaluated on scene by UFD and transported to St. Elizabeth's for further evaluated for what is believed to be apparent non-life threatening injuries.

Officer Lanza was evaluated on scene by Kunkel Ambulance personnel and stated he was not injured and signed off on any further medical attention.

Car 59 had extensive front and rear quarter panel damage to its passenger side and was towed by Precision Collision to UPD Fleet Maintenance yard where it was secured and taken out of service.

All pertinent photographs of the damage to all involved vehicles and the scene were secured.

Duty Commander Captain Mickle was notified.

The MV104A and subsequent investigation is being handled/investigated by PO Ambrose. Witness to incident is set to be deposed on 8/25 by PO Ambrose. This Sgt. will be conducting the preliminary fact finding investigation.

Respectfully,

- Sgt. Poccia

Oct 24, 2019 Patrick M. Husnay	UOF2019-0150	Use of force [REDACTED]	5	Police Officer
Officer Joseph R. Lanza				Police

On October 24, 2019 at approximately 2155 hours Officers Husnay brought [REDACTED]

██████████ to HQ regarding a harassment/MHL 2209 (related RMS 19-41064). Upon arrival ██████████ was placed in the prisoner holding area because he was extremely uncooperative on scene. Officer Husnay, with the assistance of Officer Lanza, removed ██████████ handcuffs. ██████████ immediately turned around and grabbed Officer Husnay by his shirt collar. Officer Husnay pushed ██████████ against the wall, however he continued holding onto Officer Husnay. At this point ██████████ was taken to the ground by Officer Husnay with the assistance of Officer Lanza. Once ██████████ was taken to the ground he let go of Officer Husnay.

Officer Maciol completed ET work. Officers Husnay and Lanza did not sustain any injuries. ██████████ sustained a minor scrape on his forehead. He refused medical attention. No independent witnesses on scene. Booking area video footage will be requested from MIS.

Feb 14, 2020
Joseph R. Lanza

UOF2020-0020

Use of force

5 Police Officer

Greetings,

On February 14, 2020 at approximately 1557 Officers Frye (Car 58) and Officer Lanza (Car 51) responded to ██████████ located at 710 Horatio Street, regarding a larceny in progress. Upon arrival Officer Frye went to the Loss Prevention office and spoke with ██████████. He learned that a Hispanic male was pushing two shopping carts full of high priced merchandise towards the fire escape on the east side of the building. Officer Frye advised Officer Lanza to position himself near the fire escape. The suspect passed all points of purchase and exited the store without paying. Once outside he was met by Officer Lanza. Officer Lanza immediately advised the suspect to stop. The suspect took one step back and immediately started fleeing. He ran across the access road traveling southbound towards River Road. Officer Lanza pursued the suspect. After a brief foot pursuit Officer Lanza was able to close the distance and grab a hold of the suspect's left arm. The suspect attempted to pull away from Officer Lanza's grasp. When he did that Officer Lanza pulled him closer and utilized a takedown. Once on the ground the suspects tucked his arms underneath his body. Officer Lanza was able to pull the suspect's right arm from underneath him. He ordered the suspect to pull his left arm and place it behind his back. At this time the suspect complied and placed his left hand behind his back. At this point he was handcuffed without further incident. The suspect was identified as ██████████.

Officer Frye completed ET work on scene and secured photographs of ██████████ at hq. He secured surveillance footage from ██████████. Officer Lanza did not sustain any injuries. ██████████ accomplice ██████████ was also arrested, without incident. They were both transported to HQ.

While at HQ I interviewed ██████████ regarding the response to resistance investigation. He alleged that Officer Lanza kned him in the left rib area and that is how he sustained injury. He also stated that Officer Lanza kned him after he was handcuffed. I advised ██████████ that I had surveillance footage from ██████████ and his story changed. He stated that once both of his hands were in handcuffs Officer Lanza placed his knee on his back but did not hit him. He complained of pain in his left rib area. He requested medical attention. UFD responded to the scene and evaluated ██████████. He was transported to St. Elizabeth Hospital.

I reviewed video footage from Officers Lanza's BWC. Officer Lanza's BWC captured the entire pursuit up until ██████████ ended up on the ground. At this point Officer Lanza's BWC fell off, however it landed right next to him. Officer Lanza continuously gave verbal commands to ██████████ advising him to stay down and put his hands behind his back. Officer Lanza appeared calm. I did not hear Officer Lanza deliver any strikes or kicks to ██████████. His camera was very close to him. I could hear his handcuffs clicking when he was placing ██████████ in custody, therefore if he struck or kned ██████████ as he alleges Officer Lanza did, I would hear the commotion and kicks on his BWC and I did not. I also reviewed surveillance footage from ██████████. The camera was far away and the footage is not very clear, however it captured the pursuit. All appeared in order and was handled the way Officer Lanza described it to me.

I reviewed Officer Frye's BWC footage. By the time Officer Frye made it outside ██████████ was already handcuffed.

Report summary: totals by incident type:

Incident type	Received
Anonymous	0
Background Investigation	0
Department Discipline	0
Discretionary arrest	0
Drug test	0
E-File	0
External/Citizen	0
Firearm discharge	0
Foil Request	0
Forced entry	0
Generic incident	0
Integrity test	0
Internal/Department	0
K9 Utilization	0
Notice of Claim	0
Personnel Complaints	0
Show of force	0
Stop	0
UPD Damaged Prop Car/Equip	0
Use of force	2
Vehicle accident	1
Vehicle pursuit	0
Total	3

Printed: Jul 28, 2020 07:48 By: Sgt Hiram Rios

Utica Police Department

Professional Standards

Officer Disciplinary History

Police Officer Joseph R. Lanza [4778/4778]

Part I - Personal Information

Name: Police Officer Joseph R. Lanza
: 4778 Badge No: 4778 Hire Dt: 05/21/2018

Department: Patrol Division
Bureau: Uniformed Patrol
Division: Uniformed Patrol

Part II - Discipline History

MVA2019-0009 Case #: RMS 19-32544 Vehicle accident

UPD Policy and Procedure Violation: Jan 16, 2020: Command Discipline Days/hrs suspended: 5 -
[Action/discipline completed]

Per a command discipline agreement can you deduct 5 (Five) vacation days
form PO Lanzas' 2020 vacation time bank.

Printed: Jul 28, 2020 06:15 By: Sgt Hiram Rios

Utica Police Department

Officer Involved MVA Internal Investigation **(Car 59 – PO Lanza)**

RMS: 19-32544

Investigating Supervisor: Sgt. D. Poccia

Reviewed by: Lt. J. Holt Jr.

Vehicle accident **IA No: MVA2019-0009** **Received: Aug 24, 2019 21:57**

Case No: RMS 19-32544

Involved citizen:

[REDACTED]

Role: MVA-Operator

Linked address(s):

Home: [REDACTED]

[REDACTED]

Role: MVA-Passenger

Linked address(s):

Home: [REDACTED]

Linked phone(s):

Home: ([REDACTED])

Officers involved:

Police Officer Joseph R. Lanza [4778/4778]

Officer current info:

Department: Patrol Division

Bureau: Uniformed Patrol

Division: Uniformed Patrol

Snapshot - Officer information at time of incident:

: 4778

Body worn camera: Unknown

Department: Patrol Division

Bureau: Uniformed Patrol

Division: Uniformed Patrol

Squad: [REDACTED]

Unit: Uniformed Partol Squad [REDACTED]

Shift: [REDACTED] Platoon

Rank/title: Police Officer

Age: [REDACTED] Years of employment: 1 Years with unit:

Off duty: No Off duty employed: No

Policy outcome: Not within Policy

Actions taken:

UPD Policy and Procedure Violation: Jan 16, 2020 - Command Discipline Days/hrs suspended/assessed: 5 -
[Action/discipline completed]

Per a command discipline agreement can you deduct 5 (Five) vacation days form PO Lanzas' 2020 vacation time bank.

Witnesses:

[REDACTED]
Linked address(s):

Home: [REDACTED] -

Linked phone(s):

Home: [REDACTED]

Cell: [REDACTED]

Summary:

This email is to serve as notification that on today's date (8/24/19) at approximately 1855 hours PO Lanza who was operating marked patrol unit 59 was involved in a four car MVA while responding to an attempt to locate of a FL5 [REDACTED]. Per PO Lanza he was traveling North on Elm St. when he entered the intersection with Pleasant St. against the red light with only his vehicles emergency lights activated (no siren). While traveling north through this intersection his vehicle collided with another vehicle [REDACTED] which was traveling west on Pleasant St. in the passing lane. Per [REDACTED] and her front seat passenger [REDACTED] they entered the intersection with the green light. After impact [REDACTED] deflected off of Car 59 and struck two parked vehicles which were parked on the northwest corner of the intersection.

Both [REDACTED] and [REDACTED] sustained injuries and were evaluated on scene by UFD and transported to St. Elizabeth's for further evaluated for what is believed to be apparent non-life threatening injuries.

Officer Lanza was evaluated on scene by Kunkel Ambulance personnel and stated he was not injured and signed off on any further medical attention.

Car 59 had extensive front and rear quarter panel damage to its passenger side and was towed by Precision Collision to UPD Fleet Maintenance yard where it was secured and taken out of service.

All pertinent photographs of the damage to all involved vehicles and the scene were secured.

Duty Commander Captain Mickle was notified.

The MV104A and subsequent investigation is being handled/investigated by PO Ambrose. Witness to incident is set to be deposed on 8/25 by PO Ambrose. This Sgt. will be conducting the preliminary fact finding investigation.

Respectfully,

- Sgt. Poccia

When/where:

Date/time occurred: Aug 24 2019 18:55

Incident location: Pleasant @Parkway Street Utica NY 13501 Precinct: UPD Zone 55
County: Oneida

Linked files:

email notification on-duty MVA RMS #19-32544 [REDACTED] (msg)
FW Retainer Letter of Parties Involved In Lanza MVA (msg)
Representation or [REDACTED] (pdf)
FW PO Lanza 5 days Vac 2020 time bank (msg)
Crash Data (pdf)
MV 104A (pdf)
MV104A (pdf)
Narrative of Zach Ambrose (pdf)
Dep of [REDACTED] (pdf)
DOC012220-01222020092228 (pdf)
Narrative of PO Lanza (pdf)
Narrative of Sgt Poccia (pdf)
Narrative of Lt Holt (pdf)
Command Discipline (pdf)
DOC012220-01222020092126 (pdf)

Status/assignment information:

Status: Completed

Opened: 08/24/2019 Assigned: 08/24/2019 Due: 09/23/2019

Completed: 01/16/2020

Disposition: Not Within Policy

Unit assigned: Patrol Division

Handled at field/unit level: Yes

Outside/file investigator: Poccia, David M Sergeant [2005000000024 / 6766]

Investigator assign: Un-assigned

Supervisor assign: Un-assigned

Source of information:

Organizational component(s):

Department: Patrol Division

Bureau: Uniformed Patrol

Division: Uniformed Patrol

Squad: [REDACTED]

Unit: Uniformed Partol Squad [REDACTED]

Shift: [REDACTED] Platoon

Vehicle accident specific:

Employee was at fault (yes/no): Yes

Time of accident: 1801 - 2400

Cause of accident: Disobeyed traffic device

Vehicle info: UPD 59 Ford Taurus

Vehicle ID: [REDACTED]

Damage to departmental vehicle involved: 0

Damage to other vehicle(s) involved: 0

Employee was injured (yes/no): No

Others were injured (yes/no): Yes

Critical incident related

Nature of crisis:

Behavior(s):

Technique(s) used:

Disposition(s)

Force/violence:

Entered by: Sgt Hiram Rios on Aug 27, 2019 at 07:17

hrios

From: dpoccia
Sent: Saturday, August 24, 2019 9:57 PM
To: LogisticsandResourcesDistributionList; Professional Standards Distribution List
Cc: dcinque; jholt
Subject: Officer Lanza Involved MVA / RMS #19-32544

This email is to serve as notification that on today's date (8/24/19) at approximately 1855 hours PO Lanza who was operating marked patrol unit 59 was involved in a four car MVA while responding to an attempt to locate of a FL5 [REDACTED]. Per PO Lanza he was traveling North on Elm St. when he entered the intersection with Pleasant St. against the red light with only his vehicles emergency lights activated (no siren). While traveling north through this intersection his vehicle collided with another vehicle [REDACTED]) which was traveling west on Pleasant St. in the passing lane. Per [REDACTED] and her front seat passenger [REDACTED] they entered the intersection with the green light. After impact [REDACTED] deflected off of Car 59 and struck two parked vehicles which were parked on the northwest corner of the intersection.

Both [REDACTED] and [REDACTED] sustained injuries and were evaluated on scene by UFD and transported to St. Elizabeth's for further evaluated for what is believed to be apparent non-life threatening injuries.

Officer Lanza was evaluated on scene by Kunkel Ambulance personnel and stated he was not injured and signed off on any further medical attention.

Car 59 had extensive front and rear quarter panel damage to its passenger side and was towed by Precision Collision to UPD Fleet Maintenance yard where it was secured and taken out of service.

All pertinent photographs of the damage to all involved vehicles and the scene were secured.

Duty Commander Captain Mickle was notified.

The MV104A and subsequent investigation is being handled/investigated by PO Ambrose. Witness to incident is set to be deposed on 8/25 by PO Ambrose. This Sgt. will be conducting the preliminary fact finding investigation.

Respectfully,

- Sgt. Poccia

hrios

From: dmickle
Sent: Friday, January 3, 2020 7:26 AM
To: Professional Standards Distribution List
Subject: FW: Retainer Letter of Parties Involved In Lanza MVA
Attachments: DOC010220-01022020143206.pdf

FYI

Captain David Mickfe



UTICA POLICE DEPARTMENT
Administrative Division Commander

Phone: [REDACTED]
Cell: [REDACTED]
Fax: [REDACTED]
[REDACTED]

****CONFIDENTIALITY NOTICE****

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From: ehagen
Sent: Thursday, January 02, 2020 3:26 PM
To: [REDACTED]
Cc: Merima Smajic [REDACTED]; Tracey Mills [REDACTED] Mike Mustard [REDACTED]; dmickle [REDACTED]
Subject: FW: Retainer Letter of Parties Involved In Lanza MVA

Dan,

See attached letter from Attorney [REDACTED] office regarding a collision in August 2019 between one of our units and a civilian vehicle, which caused multiple injuries and damage to several vehicles.

Sgt Ed Hagen

[REDACTED]
ATTORNEY AT LAW
[REDACTED]

Utica, New York 13501-5951

Phone: [REDACTED]
Toll Free: [REDACTED]

Fax: [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED], Of Counsel

December 27, 2019

CERTIFIED MAIL - RRR

Utica Police Department
413 Oriskany Street West
Utica, NY 13502

Re: Our Client: [REDACTED]
Date of Accident: 08/24/2019

Dear Sir/Madam:

Please be advised that this office has been retained by [REDACTED] in connection with injuries she sustained as a result of a motor vehicle accident involving you and/or your automobile on the date indicated.

Please turn this letter over to your insurance carrier so that we may discuss the particulars of the accident with them.

Thank you for your courtesies in this matter.

Very truly yours,

[REDACTED]
[REDACTED]
[REDACTED]

Office Hours by Appointment only
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Phone: [REDACTED]
Toll Free: [REDACTED]

Fax: [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] *Of Counsel*

December 27, 2019

CERTIFIED MAIL - RRR

Utica Police Department
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Thank you for your courtesies in this matter.

Very truly yours,

[REDACTED]
[REDACTED]
[REDACTED]

Office Hours by Appointment only
[REDACTED]
[REDACTED]

hrios

From: mwilliams
Sent: Thursday, January 16, 2020 5:14 PM
To: Professional Standards Distribution List
Subject: FW: PO Lanza

Chief of Police Mark W. Williams



City of Utica Police Department

413 Oriskany Street West

Utica, New York 13502

Office Telephone: (315) 223-3400

E-mail address: [REDACTED]

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From: enoonan [REDACTED]
Sent: Wednesday, January 15, 2020 3:52 PM
To: mwilliams [REDACTED]
Subject: PO Lanza

Chief,

FYI

For an accident.

-Ed

From: dcinque [REDACTED]
Sent: Wednesday, January 15, 2020 3:30 PM
To: dtasior [REDACTED]; enoonan [REDACTED]
Cc: dmickle [REDACTED]; jholt [REDACTED]
Subject: PO Lanza

Donna,

Per a command discipline agreement can you deduct 5 (Five) vacation days form PO Lanzas' 2020 vacation time bank.

Thank you

Cinque

IMPORTANT NOTICE: Robert Bosch LLC and the manufacturers whose vehicles are accessible using the CDR System urge end users to use the latest production release of the Crash Data Retrieval system software when viewing, printing or exporting any retrieved data from within the CDR program. Using the latest version of the CDR software is the best way to ensure that retrieved data has been translated using the most current information provided by the manufacturers of the vehicles supported by this product.

CDR File Information

User Entered VIN	[REDACTED]
User	G.Facciolo
Case Number	Car 59
EDR Data Imaging Date	08/26/2019
Crash Date	
Filename	[REDACTED]
Saved on	Monday, August 26 2019 at 10:50:03
Imaged with CDR version	Crash Data Retrieval Tool 19.0
Imaged with Software Licensed to (Company Name)	Utica Police Department
Reported with CDR version	Crash Data Retrieval Tool 19.0
Reported with Software Licensed to (Company Name)	Utica Police Department
EDR Device Type	Airbag Control Module
ACM Adapter Detected During Download	No
Event(s) recovered	Event Record 1

Comments

No comments entered.

Data Limitations

Data Imaging:

CAUTION: When imaging data directly from the RCM on a bench top, make sure the RCM is placed on a flat surface without any movement (static) while connected to and powered by the CDR interface. Not following the above guideline for bench top imaging could risk inducing new events to be recorded in the RCM and possibly overwriting a Non airbag deployment.

Note that the RCM Adapter Detected during Download parameter equal to "Yes" indicates that the EDR data was collected directly from the RCM. When equal to "No", it indicates that the EDR data was collected through the OBD II from the vehicle.

Restraints Control Module (RCM) Recorded Crash Event(s):

The RCM can store up to two crash events. Event types are categorized as follow:

1. Non deployment trigger event is an event in which EDR recording trigger threshold is met or exceeded (minimum of 5 mph (8kph) Accumulated Delta Velocity within 150ms interval), but no device(s) have deployed. The data from such event can be overwritten by subsequent events.
2. Airbag deployment event is an event in which frontal, side or curtain airbags have deployed. Note that such event cannot be overwritten or cleared from the Restraints Control Module (RCM). Once the RCM has deployed any airbag device(s), the RCM must be replaced.
3. Some RCM may also categorize Non airbag deployment event. This type is an event in which non airbag devices such as pretensioners, knee bolster etc... have deployed. Note that such event can be overwritten given a subsequent "deployment" event.

"Time zero" or Event Beginning of any event (First Record or Second Record) is defined as the first Algorithm wake up during that event. So all the Pre-Crash, At Event, Delta V Data, deployment times etc... are relative to "Time zero".

It is possible that conditions in a crash may result in an incomplete event data record.

EDR Data Elements Overview/Interpretation In CDR Report:

Under CDR File Information Section

- Event(s) recovered indicates if an event was detected and recorded by RCM. If no event is detected, it will indicate "none". If a trigger or non airbag deployment event is detected, it will indicate "unlocked event". If an airbag deployment is detected, it will indicate "locked frontal event", or "locked side event", or "locked rollover event".

Under System Status at Event Section

- Complete file recorded indicates if data from the recorded event has been fully written to the RCM memory.
- If the RCM detected a peripheral crash sensor was lost during an event, the crash sensor would be identified as well as the time it was lost during that event relative to Time zero. If no loss of a peripheral crash sensor, nothing would be displayed. Note in some vehicles, loss of a peripheral crash sensor may lead to the loss of another peripheral crash sensor due to shared communication.

Under Deployment Data Section

- If the RCM commanded a deployment during an event, the deployment device(s) would be identified as well as the time the RCM commanded its deployment relative to Time zero. If no device was commanded to deploy by the RCM, nothing (no deployment device(s)) would be displayed.

Under Pre-Crash Data -5 to 0 sec

- Steering Wheel Angle if Applicable: positive value indicates left turn, and negative value would indicate right turn.
- Stability Control Lateral Acceleration if Applicable: Lateral Acceleration (Y-direction) is the acceleration along the lateral axis of the vehicle, reported as positive when accelerating to the left.
- Stability Control Longitudinal Acceleration if Applicable: Longitudinal Acceleration (X-direction) is the acceleration along the longitudinal axis of the vehicle, reported as positive when accelerating in a forward direction.
- Stability Control Yaw Rate if Applicable: The Yaw Axis is the vertical axis of the vehicle, generally perpendicular to the plane of the road. A positive Yaw Rate is counter-clockwise when observing the vehicle from above.
- Stability Control Roll Rate if Applicable: The Roll Axis is the longitudinal axis of the vehicle, generally aligned with the primary axis of motion of the vehicle. A positive Roll Rate is counter-clockwise when observing the vehicle from the front.

Under Longitudinal Crash Pulse

- Delta-V, longitudinal: SAE J211 sign convention, negative value generally indicates a front crash and positive value generally indicates a rear crash. Longitudinal delta-V reflects the change in forward velocity that the sensing system experienced from Time zero. It is not the speed the vehicle was traveling before the event. Note that the vehicle speed is recorded separately. This data should be examined in conjunction with other available physical evidence from the vehicle and scene when assessing occupant or vehicle longitudinal delta-V.

Under Lateral Crash Pulse

- Delta-V, lateral: SAE J211 sign convention, Positive value generally indicates a driver side crash and negative value generally indicates a passenger side crash.

Under Rollover Sensor Data (if Applicable)

- Vehicle roll angle if applicable: The Roll Axis is the longitudinal axis of the vehicle, generally aligned with the primary axis of motion of the vehicle. A positive Roll Angle is counter-clockwise when observing the vehicle from the front.

Data Sources:

The Restraints Control Module (RCM) contains all recorded data on any event. Data collected from the RCM comes from multiple sources:

1. Internal to the RCM such as internal sensors for delta Velocity data, rollover angle data if applicable, etc... which are measured, calculated and stored internally.
2. External to the RCM but with a direct connection such as buckle switches, peripheral crash sensors, seat track switch(s) etc... which are measured, calculated and stored internally.
3. External Modules to the RCM such as Powertrain Control Module, Brake Control Module, etc... These modules communicate to the RCM via Vehicle Communication Network. The RCM stores the received data internally.

System Status at Time of Retrieval

VIN As Programmed into RCM at Factory	
Current VIN from PCM	
Ignition Cycle, Download (First Record)	5,838
Ignition Cycle, Download (Second Record)	N/A
Restraints Control Module Part Number	HG13-14B321-AA
Restraints Control Module Serial Number	7501554130720000
Restraints Control Module Software Part Number (Version)	HG13-14C028-AA
Driver Side/Center Frontal Restraints Sensor Serial Number	00302AE5
Driver, Row 1, Side Restraint Sensor 1 Serial Number	00000060
Driver, Row 2, Side Restraint Sensor 2 Serial Number	00282AE7
Passenger Frontal Restraints Sensor Serial Number	00162AE8
Passenger, Row 1, Side Restraint Sensor 1 Serial Number	00000007
Passenger, Row 2, Side Restraint Sensor 2 Serial Number	000A2AE7

System Status at Event (First Record)

Recording Status	Record Unlocked
Complete File Recorded (Yes, No)	Yes
Multi-Event, Number of Events	1
Time From Event 1 to 2 (msec)	N/A
Lifetime Operating Timer at Event Time Zero (sec)	19,256.565
Key-On Timer at Event Time Zero (sec)	10.555
Vehicle Voltage at Time Zero (V)	13.608
Energy Reserve Mode Entered During Event (Yes, No)	No
Time Front Passenger Restraint Sensor Lost Relative to Time Zero (msec)	1.0

Faults Present at Start of Event (First Record)

No Faults Recorded

Deployment Data (First Record)

Maximum Delta-V, Longitudinal (MPH [km/h])	-5.04 [-8.11]
Time, Maximum Delta-V Longitudinal (msec)	94
Maximum Delta-V, Lateral (MPH [km/h])	-10.72 [-17.25]
Time, Maximum Delta-V Lateral (msec)	80
Longitudinal Delta-V Time Zero Offset (msec)	0.0 ms
Lateral Delta-V Time Zero Offset (msec)	0.0 ms
Roll Angle Time Zero Offset (msec)	70.0 ms

Pre-Crash Data -5 to 0 sec [2 samples/sec] (First Record, table 1 of 2)

Times (sec)	Speed, Vehicle Indicated (MPH [km/h])	Accelerator Pedal, % Full	Service Brake, On/Off	Engine RPM	ABS Activity (Engaged, Non-Engaged)	Brake Powertrain Torque Request
- 5.0	29 [46]	0.0	On	1,032	engaged	No
- 4.5	25 [40]	0.0	On	920	engaged	No
- 4.0	22 [35]	0.0	On	748	non-engaged	No
- 3.5	19 [30]	0.0	On	666	non-engaged	No
- 3.0	16 [26]	0.0	On	690	non-engaged	No
- 2.5	15 [24]	0.0	Off	684	non-engaged	No
- 2.0	14 [23]	20.1	Off	1,354	non-engaged	No
- 1.5	16 [25]	36.4	Off	1,906	non-engaged	No
- 1.0	17 [28]	50.7	Off	2,372	non-engaged	No
- 0.5	21 [33]	55.1	Off	2,648	non-engaged	No
0.0	23 [37]	0.0	On	2,762	non-engaged	No

Pre-Crash Data -5 to 0 sec [2 samples/sec] (First Record, table 2 of 2)

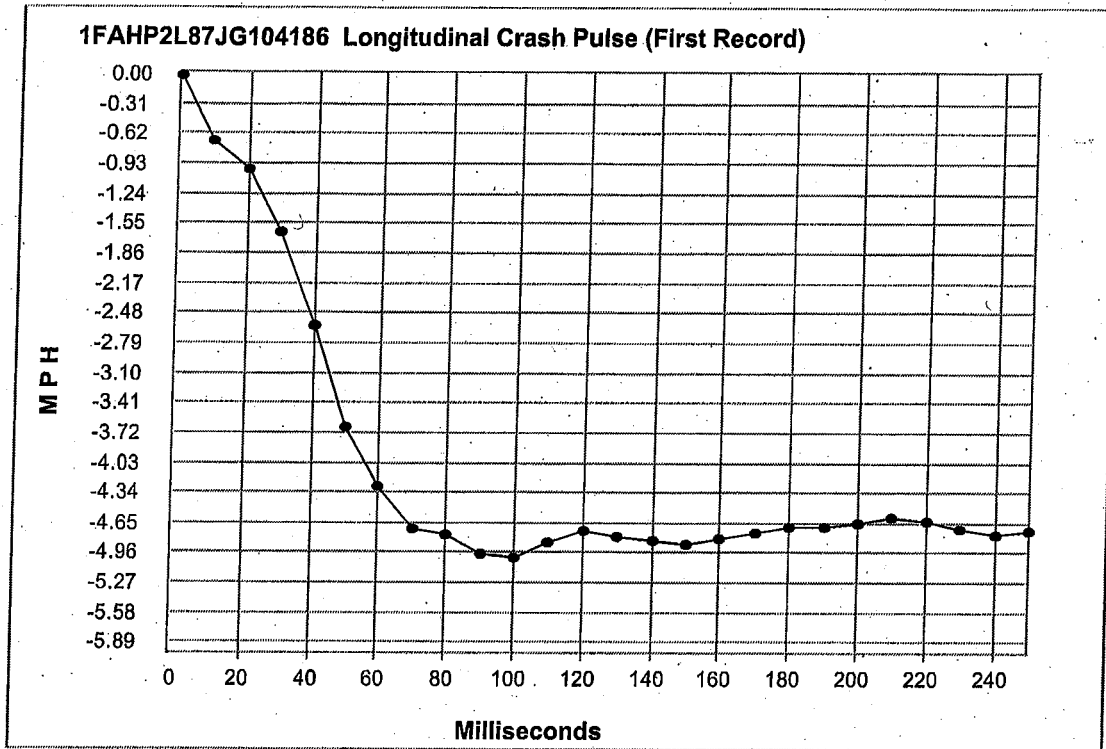
Times (sec)	Driver Gear Selection	Traction Control via Brakes	Wheel Torque (Nm)	Occupant Size Classification, Front Passenger (Child Size Yes/No [Hex value])	Speed Control Telltale
- 5.0	Drive	non-engaged	-108	Yes [\$02]	Off
- 4.5	Drive	non-engaged	-60	Yes [\$02]	Off
- 4.0	Drive	non-engaged	-52	Yes [\$02]	Off
- 3.5	Drive	non-engaged	-48	Yes [\$02]	Off
- 3.0	Drive	non-engaged	-32	Yes [\$02]	Off
- 2.5	Drive	non-engaged	-68	Yes [\$02]	Off
- 2.0	Drive	non-engaged	640	Yes [\$02]	Off
- 1.5	Drive	non-engaged	1,544	Yes [\$02]	Off
- 1.0	Drive	non-engaged	1,672	Yes [\$02]	Off
- 0.5	Drive	non-engaged	2,052	Yes [\$02]	Off
0.0	Drive	non-engaged	844	Yes [\$02]	Off

Pre-Crash Data -1 sec (First Record)

Ignition Cycle, Crash	5.830
Frontal Air Bag Warning Lamp, On/Off	Off
Safety Belt Status, Driver	Not Buckled
Seat Track Position Switch, Foremost, Status, Driver	Not Forward
Safety Belt Status, Front Passenger	Buckled
Seat Track Position Switch, Foremost, Status, Front Passenger	Not Forward
Brake Telltale	Off
ABS Telltale	Off
ESC/TC Telltale	Off
ESC/TC Off Telltale	Default
Powertrain Wrench Telltale	Off
Powertrain Malfunction Indicator Lamp (MIL) Telltale	Off

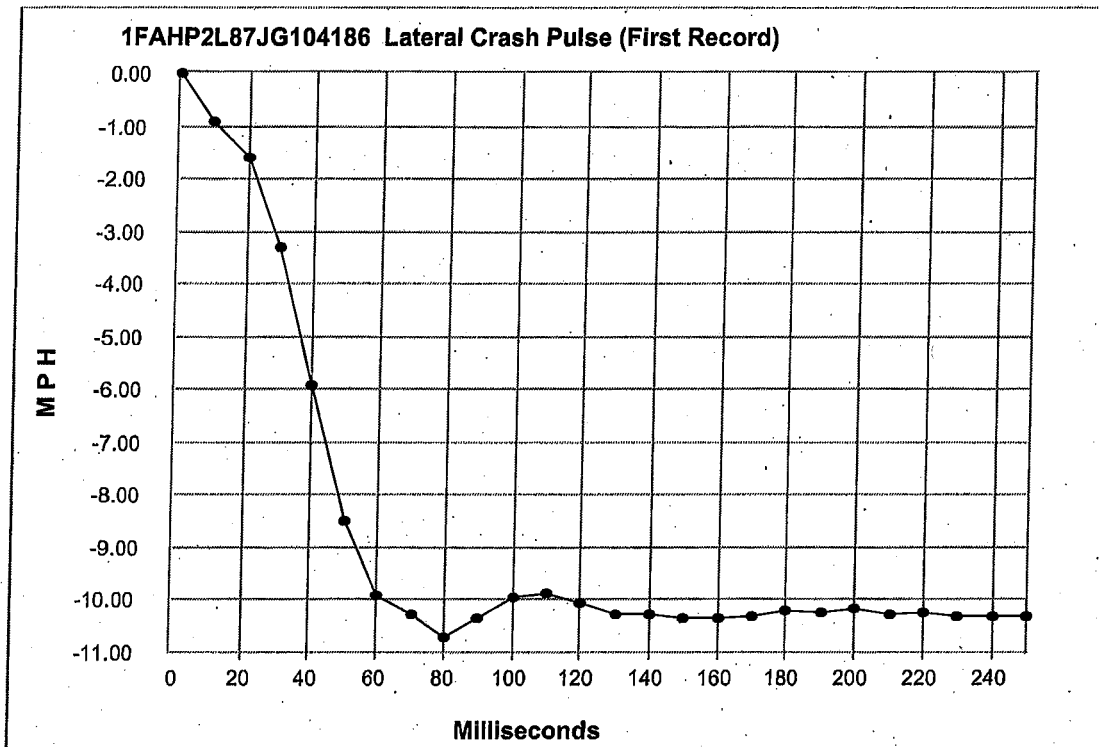
Pre-Crash Data -5 to 0 sec [10 samples/sec] (First Record)

Times (sec)	Steering Wheel Angle (degrees)	Stability Control Lateral Acceleration (g)	Stability Control Longitudinal Acceleration (g)	Stability Control Yaw Rate (deg/sec)	Stability Control Roll Rate (deg/sec)
-5.0	16.3	0.023	-0.351	3.5	1.16
-4.9	20.4	0.034	-0.334	4.54	1.16
-4.8	21.6	0.053	-0.325	4.97	0.0
-4.7	24.0	0.066	-0.318	5.0	-0.08
-4.6	31.6	0.086	-0.277	6.0	0.8
-4.5	39.8	0.119	-0.235	7.95	0.88
-4.4	45.6	0.141	-0.22	9.11	-0.24
-4.3	54.1	0.148	-0.229	10.18	0.44
-4.2	64.2	0.201	-0.257	11.93	-0.2
-4.1	71.4	0.187	-0.291	13.36	-0.64
-4.0	73.2	0.155	-0.286	13.75	-1.12
-3.9	77.0	0.14	-0.286	13.31	-0.6
-3.8	84.4	0.179	-0.279	14.22	-0.52
-3.7	90.4	0.172	-0.251	15.25	0.2
-3.6	96.0	0.172	-0.248	15.54	-1.08
-3.5	99.2	0.145	-0.239	15.54	7.84
-3.4	100.0	0.136	-0.141	16.65	0.6
-3.3	103.7	0.24	-0.147	15.63	0.16
-3.2	115.4	0.183	-0.171	16.93	0.32
-3.1	126.5	0.138	-0.117	19.15	6.0
-3.0	136.6	0.35	-0.03	19.7	-1.32
-2.9	150.1	0.256	-0.062	21.45	3.0
-2.8	169.7	0.331	-0.066	24.22	-1.2
-2.7	190.1	0.298	-0.107	27.2	0.12
-2.6	205.7	0.387	-0.069	28.77	-0.48
-2.5	217.2	0.293	-0.051	31.18	0.68
-2.4	225.0	0.373	-0.054	32.68	1.48
-2.3	228.7	0.393	-0.025	33.72	0.52
-2.2	228.7	0.429	0.048	34.13	-0.56
-2.1	227.5	0.376	0.105	34.56	1.48
-2.0	222.4	0.391	0.134	34.79	1.4
-1.9	211.4	0.35	0.132	34.56	3.8
-1.8	196.1	0.406	0.118	32.79	-0.04
-1.7	176.4	0.342	0.12	30.25	0.2
-1.6	154.2	0.284	0.11	27.13	0.92
-1.5	135.1	0.247	0.103	23.97	0.24
-1.4	121.3	0.254	0.19	21.63	0.88
-1.3	112.2	0.265	0.209	20.56	2.44
-1.2	104.7	0.296	0.246	19.84	-0.68
-1.1	93.9	0.296	0.253	18.52	-1.08
-1.0	81.0	0.223	0.261	16.29	-2.96
-0.9	67.1	0.113	0.222	13.68	1.88
-0.8	56.2	0.3	0.228	11.84	-0.56
-0.7	59.4	0.127	0.251	11.18	0.68
-0.6	71.8	0.355	0.198	13.63	3.76
-0.5	79.2	0.348	0.217	16.18	4.88
-0.4	93.6	0.483	0.034	18.68	1.56
-0.3	119.1	0.432	-0.433	21.06	3.68
-0.2	152.8	0.352	-0.788	22.63	-9.52
-0.1	186.4	0.697	-0.572	24.45	-7.2
0.0	196.0	0.757	-0.732	28.15	-9.0



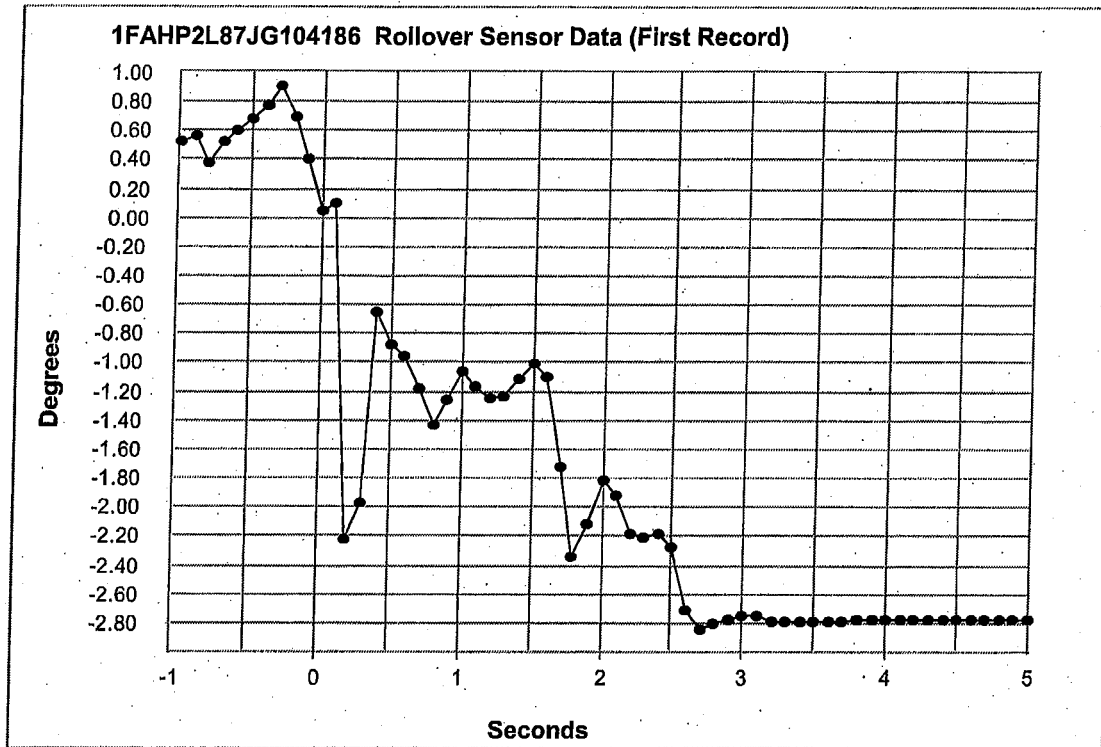
Longitudinal Crash Pulse (First Record)

Time (msec)	Delta-V, longitudinal (MPH)	Delta-V, longitudinal (km/h)
0.0	-0.02	-0.03
10.0	-0.69	-1.10
20.0	-0.99	-1.59
30.0	-1.65	-2.66
40.0	-2.62	-4.22
50.0	-3.66	-5.89
60.0	-4.28	-6.89
70.0	-4.72	-7.59
80.0	-4.78	-7.69
90.0	-4.97	-8.00
100.0	-5.01	-8.07
110.0	-4.85	-7.81
120.0	-4.73	-7.61
130.0	-4.80	-7.72
140.0	-4.83	-7.77
150.0	-4.86	-7.83
160.0	-4.81	-7.74
170.0	-4.76	-7.66
180.0	-4.69	-7.54
190.0	-4.69	-7.55
200.0	-4.65	-7.48
210.0	-4.60	-7.40
220.0	-4.64	-7.47
230.0	-4.72	-7.59
240.0	-4.77	-7.67
250.0	-4.73	-7.61



Lateral Crash Pulse (First Record)

Time (msec)	Delta-V, lateral (MPH)	Delta-V, lateral (km/h)
0.0	-0.02	-0.03
10.0	-0.90	-1.45
20.0	-1.59	-2.56
30.0	-3.29	-5.29
40.0	-5.91	-9.52
50.0	-8.50	-13.68
60.0	-9.93	-15.98
70.0	-10.28	-16.54
80.0	-10.72	-17.24
90.0	-10.35	-16.66
100.0	-9.95	-16.02
110.0	-9.89	-15.91
120.0	-10.07	-16.21
130.0	-10.29	-16.56
140.0	-10.27	-16.53
150.0	-10.36	-16.67
160.0	-10.33	-16.63
170.0	-10.31	-16.59
180.0	-10.21	-16.44
190.0	-10.24	-16.48
200.0	-10.17	-16.37
210.0	-10.27	-16.52
220.0	-10.23	-16.46
230.0	-10.31	-16.59
240.0	-10.31	-16.59
250.0	-10.32	-16.60



Rollover Sensor Data (First Record)

Time (sec)	Vehicle Roll Angle (deg)
-1.0	0.53
-0.9	0.56
-0.8	0.39
-0.7	0.52
-0.6	0.61
-0.5	0.69
-0.4	0.78
-0.3	0.9
-0.2	0.7
-0.1	0.4
0.0	0.05
0.1	0.1
0.2	-2.22
0.3	-1.98
0.4	-0.65
0.5	-0.88
0.6	-0.96
0.7	-1.17
0.8	-1.43
0.9	-1.26
1.0	-1.06

Time (sec)	Vehicle Roll Angle (deg)
1.1	-1.16
1.2	-1.24
1.3	-1.23
1.4	-1.12
1.5	-1.0
1.6	-1.1
1.7	-1.72
1.8	-2.34
1.9	-2.12
2.0	-1.81
2.1	-1.92
2.2	-2.18
2.3	-2.21
2.4	-2.19
2.5	-2.28
2.6	-2.71
2.7	-2.84
2.8	-2.81
2.9	-2.77
3.0	-2.75
3.1	-2.75

Time (sec)	Vehicle Roll Angle (deg)
3.2	-2.78
3.3	-2.78
3.4	-2.78
3.5	-2.78
3.6	-2.78
3.7	-2.78
3.8	-2.77
3.9	-2.77
4.0	-2.77
4.1	-2.77
4.2	-2.77
4.3	-2.77
4.4	-2.77
4.5	-2.77
4.6	-2.77
4.7	-2.77
4.8	-2.77
4.9	-2.77
5.0	-2.77

Hexadecimal Data

Data that the vehicle manufacturer has specified for data retrieval is shown in the hexadecimal data section of the CDR report. The hexadecimal data section of the CDR report may contain data that is not translated by the CDR program. The control module contains additional data that is not retrievable by the CDR system.

00 00 00 00

48 47 31 33 2D 31 34 42 33 32 31 2D 41 41 00 00 00 00 00 00 00 00 00 00

37 35 30 31 35 35 34 31 33 30 37 32 30 30 30 30

48 47 31 33 2D 31 34 43 30 32 38 2D 41 41 00 00 00 00 00 00 00 00 00 00

00 30 2A E5 D5 AF 7E 00 00 00 00 00 00 00 00

00 00 00 60 BB 8C 92 00 00 00 00 00 00 00 00

00 28 2A E7 4E 4F 64 00 00 00 00 00 00 00 00

00 16 2A E8 A0 84 79 00 00 00 00 00 00 00 00

00 00 00 07 54 08 A2 00 00 00 00 00 00 00 00

00 0A 2A E7 4E 73 6F 00 00 00 00 00 00 00 00

31 46 41 48 50 32 4C 38 37 4A 47 31 30 34 31 38 36

31 46 41 48 50 32 4C 38 37 4A 47 31 30 34 31 38 36 00 00 00 00 00 00 00

67 68 EE 3B 10 0C 67 00



Printed on: Tuesday, August 27 2019 at 09:14:52



C6	16	00	00	CE	16	00	00	31	C4	3A	00	3F	08	00	00	84	11	00	00	BA	DA	FF	FF	56	F1	06	00	
7C	72	03	00	AB	A7	FF	FF	BA	0E	F9	FF	0C	11	F9	FF	18	12	F9	FF	6A	14	F9	FF	C8	17	F9	FF	
64	1B	F9	FF	90	1D	F9	FF	10	1F	F9	FF	46	1F	F9	FF	14	1F	F9	FF	18	20	F9	FF	FA	1F	F9	FF	
1C	1F	F9	FF	58	1F	F9	FF	74	1F	F9	FF	94	1F	F9	FF	62	1F	F9	FF	3A	1F	F9	FF	F6	1E	F9	FF	
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6D	47	C7	43	3D	43	E2	42	97	42	2B	42	AA	41	1F	41	B2	40	D2	40	4E	41	98	41	28	42	27	43	
78	44	C8	45	28	46	23	3F	4C	3F	58	3F	70	3F	BC	3F	0E	40	48	40	9D	40	02	41	4A	41	5C	41	
82	41	CC	41	08	42	40	42	60	42	68	42	8D	42	02	43	71	43	D6	43	5D	44	21	45	ED	45	89	46	
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8B	06	92	06	BB	06	E5	06	F4	06	EB	06	CF	06	AD	06	B2	06	B2	06	B9	06	D5	06	D8	06	E1	06	
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DEPARTMENT OF PUBLIC SAFETY

BUREAU OF POLICE

413 Oriskany Street West

Utica, New York 13502

08/29/2019

INTRA-AGENCY MEMORANDUM

SUBJECT: RMS 19-32544

TO: Chief of Police: Mark W. Williams

I, Officer Joseph Lanza reported for duty on August 24, 2019, for the 1600-0000 hours' tour attired in full duty uniform with BWC [REDACTED]. I was assigned to Car / Zone 59 under the command of Sgt. K. Carville

At approximately 1851 hours I was dispatched along with Unit 57 to the area of [REDACTED] regarding an attempt to locate of a subject who was an active file 5 out of this agency with a felony warrant [REDACTED]

While en-route to the above location myself and unit 57 were advised by Sgt. Poccia to stage our vehicles on opposite ends of [REDACTED] out of sight and Inv. Dewey was going to travel down [REDACTED] in an attempt to locate the subject. While still en-route Unit 57 advised that he was on scene at Elm St. & Gold St. Inv. Dewey then advised he was en-route and would be on scene momentarily.

While traveling eastbound on The Memorial Parkway I proceeded to make a left hand turn to travel Northbound on Elm St. Following the left hand turn as I approached the intersection of Elm St. & Pleasant St. traveling northbound I activated my emergency lights on my vehicle (wanting to ensure my arrival in a timely manner for officer safety) and checked the intersection. At which time the intersection appeared clear. As I began to proceed further northbound and was about to enter the intersection of Elm St. & Pleasant Ave. I noticed a dark in color 4DSD approaching from the East traveling Westbound. I immediately pressed the brake pedal in an attempt to stop. I was unable to stop my vehicle in time and was struck in the front passenger side quarter panel / tire area by the 4DSD. At the time of the accident I was attempting to stop, prior to the accident I am not positive what my speeds were but I believe them to be approximately 30mph which would be my normal traveling speeds during tour.

After the accident I called out to dispatch that I was involved in an accident and gave them my location. Following that I exited my vehicle and went to check on the other parties involved. Shortly after this other units arrived on scene and began assisting with traffic. Sgt. Poccia arrived on scene and was briefly advised of the events that took place.

At this time I stood by with Car 59 while other officers assisted UFD with the two parties from the other vehicle involved and directed traffic. I was directed by Sgt. Poccia to gather my patrol bag, the shotgun and any other items of mine out of Car 59 and return to UPD HQ with Inv. Dewey.

At the time of the accident I was not wearing my seat belt.

I was not injured as a result of this accident and was asked on scene if I had any injuries. I informed Kunkle that I was not injured and signed off that I refused transport to the hospital.

NAME: Joseph Lanza JrRANK: Patrolman

I then returned to UPD HQ and completed this Officer Narrative.

Respectfully submitted,
PO Joseph Lanza #4778
UPD Patrol Division, [REDACTED]

NAME: Joseph Lanza [signature]

RANK: Patrolman

DEPARTMENT OF PUBLIC SAFETY**BUREAU OF POLICE**

413 Oriskany Street West

Utica, New York 13502

October 1, 2019

INTRA-AGENCY MEMORANDUM**SUBJECT:** Officer Involved MVA-PI, RMS 19-32544**TO:** Chief of Police: Mark W. Williams

DV1 an on-duty Utica Police Officer, Joseph Lanza, who was operating a 2018 Ford Taurus, marked Utica Police Dept. patrol vehicle, car 59, stated he was traveling north through the intersection of Elm Street and Pleasant Street with his emergency lights activated when a vehicle that was traveling west on Pleasant Street struck his vehicle, causing damage to the entire left side of the vehicle.

DV2 [REDACTED] who was operating [REDACTED] stated she was traveling west on Pleasant Street approaching the intersection of Pleasant Street and Elm Street when she had the steady green signal and as she was proceeding through the intersection she heard a boom and everything was blank and she stated her vehicle was pushed into two parked vehicles, causing damage to the entire front end of her vehicle.

V3 [REDACTED] a [REDACTED] which is owned by [REDACTED], stated his vehicle was parked in the driveway of [REDACTED] Street when it was struck by another vehicle that was involved in a MVA at the intersection of Pleasant Street and Elm Street, causing damage to the driver's side front and rear doors.

V4 [REDACTED] a [REDACTED] which is owned by [REDACTED], stated his vehicle was parked in the driveway of [REDACTED] Street when it was struck by another vehicle that was involved in a MVA at the intersection of Pleasant Street and Elm Street, causing damage to the entire back end of his vehicle.

Per my investigation I determined the DV1 to be at fault for failing to stop at a steady red signal and failing to yield the right of way. Per further investigation DV1 was traveling at an estimate speed of 21mph which was obtained from a download from V1 from the ACM (Airbag Control Module). DV1 was also not utilizing his seat-belt per oral admission and per the data download.

DV1 did not have any injuries.

DV2 was complaining of head and neck pain and was evaluated on scene by the Utica Fire Dept. and transported by UFD to St. Elizabeth's Hospital for further medical evaluation. The passenger of V2 [REDACTED] had visible facial lacerations and was complaining of neck and leg pain. [REDACTED] was also evaluated on scene by UFD and transported to St. Elizabeth's Hospital for further medical evaluation.

V1 was removed off rotation by [REDACTED] and was transported back to the Utica Police Dept.

V2 was removed off rotation by [REDACTED].

V3 and V4 did not require any tows.

No UTT's issued at this time

NAME: RANK: Officer #0172

SUPPORTING DEPOSITION

State of New York
County of Oneida
City of Utica

I, [REDACTED], the deponent herein residing at, [REDACTED]

DOB [REDACTED], telephone, [REDACTED], occupation, [REDACTED]

Give this deposition as follows:

I am giving this statement to Officer Z.P. Ambrose of the Utica Police Department on August 25, 2019 at the Utica Police Dept. regarding an incident that occurred on August 24, 2019 at the intersection of Pleasant Street and Elm Street in the City of Utica.

My girlfriend [REDACTED] and I, were traveling west on Pleasant Street in Utica in our [REDACTED] Pick-Up truck. As we were approaching the intersection of Pleasant Street and Elm Street the traffic signal for vehicles that were traveling west was steady green. We were traveling in the left lane (passing lane) and there was a black vehicle traveling west in the right lane (driving lane) and there was two Utica Police Dept. marked patrol vehicles traveling east on the Memorial Parkway. One of the police cars that was traveling pulled into the parking lot of the Ski Lodge. The other police car made a left turn from the Memorial Parkway to travel north on Elm Street. The officer pulled into the small median and slowed down for his red light as we were still traveling west and still had the green light. It appeared the officer looked towards the east to look at the westbound traffic and he did not notice the black vehicle that was still traveling in the driving lane. I told my wife who was driving to slow down because the officer was not stopping. As I told my wife this there was no emergency lights on the patrol vehicle activated at the time the patrol car went through the intersection and I said oh shit he's going to hit her and he hit her. The patrol car did a 180 about two car lengths ahead of us and the black car got knocked up onto the sidewalk and struck two parked vehicles. The other officer that pulled into the Ski Lodge then came running over on foot towards the accident. The police officer that was in the patrol car that was hit got out of his vehicle and appeared dazed and at that time the only emergency lights that were activated were the grill lights, the big light bar on top was not activated. Prior to the officer involved in the accident he did not have any emergency lights on prior to the accident. I then contacted 911 and left the area to go get my kids.

End of statement. [REDACTED]

I HAVE READ THE FOREGOING AND UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

[REDACTED]
Deponent

Verified and subscribed before me this 25th day of August, 2019

Name Zachary Ambrose
Signature (print)

Rank Officer #0172

DEPARTMENT OF PUBLIC SAFETY

BUREAU OF POLICE

413 Oriskany Street West

Utica, New York 13502

October 1, 2019

INTRA-AGENCY MEMORANDUM

SUBJECT: Officer Involved MVA-PI, RMS 19-32544

TO: Chief of Police: Mark W. Williams

On August 24, 2019 I, Officer Z. P. Ambrose, reported for duty to the Uniform Patrol Division of the Utica Police Department for the [REDACTED] hour shift, assigned to zone/car 55, utilizing BWC [REDACTED] per the Platoon Commander, Sgt. Carville.

At approximately 1855 hours, I was clearing a call at [REDACTED] Street, and was en-route to [REDACTED] Street where there was allegedly a male named [REDACTED] on site who and had active warrant out of our agency. Communications had already dispatched cars 57 and 59 to this incident. I however advised communications I would be responding there due to the call being in my patrol zone. As I was proceeding out of the parking lot of [REDACTED] Genesee Street car 59, Officer Lanza, advised communications that he had just been involved in a Motor Vehicle Accident at the intersection of Pleasant Street and Elm Street with an unknown amount of injuries. I then advised communications I would be en-route to the MVA.

Upon arrival, I located a large amount of debris in the roadway at the intersection of Pleasant Street and Elm Street along with heavy passenger side damage to car 59. The emergency lights were not activated on car 59 at my time of arrival except for the vehicles grill lights were activated. I then parked my patrol vehicle on Elm Street facing north. As I exited my patrol vehicle I observed another vehicle that was wedged in between two other parked vehicles that were parked in the driveway of [REDACTED] Street.

I then went over to Officer Lanza and asked him if he was ok in which he stated he was. I also observed Officer Maciol who was conducting a barricade duty at the time on scene also. I went over to the vehicle where Officer Lanza was standing next to and observed a female who I now know to be as [REDACTED], sitting in the driver's seat. I asked [REDACTED] If she was ok and she was in shock and didn't say much [REDACTED]. Passenger [REDACTED] had a facial laceration to the front of his face with a large quantity of blood visible. I then advised communications there was going to be two injuries and that I needed a car to respond to Pleasant Street at Seymour Ave and divert all westbound traffic on Pleasant Street down Seymour Ave. Car 53, Officer Flo, then arrived on scene and blocked traffic on Elm Street at the intersection of Boyce Ave. Officer Maciol then began conducting traffic control at the intersection of Pleasant Street and Elm Street.

I then advised car 40, Sgt. Poccia, of the information I had already obtained regarding the incident. I then secured photographs of the initial scene for investigation purposes. I then started obtaining all pertinent information to complete a MV104(a). Refer to my Accident Narrative regarding the accident.

Sgt. Poccia arrived on scene and I advised him of all the information I had received. Sgt. Poccia then advised me to continue my investigation regarding the incident. After obtaining all information I began to secure more photographs of the scene. All photographs secured were transferred to the Crime Scene Everyone Folder under this

NAME: [Signature]RANK: Officer #0122

KMIS. Utica Fire Dept. was on scene and evaluated the patients.

I then cleared the scene and responded to St. Elizabeth's Hospital for a follow-up. While at the hospital I further interviewed [REDACTED] regarding the incident and provided her with an Accident Information Exchange Form. I then responded back to [REDACTED] to give [REDACTED] and [REDACTED], their Accident Information Exchange Forms.

I did not locate any cameras in the area of where the accident had occurred. Upon reading the CAD notes I observed that a [REDACTED] had called 911 to report the accident and was a witness to it. I contacted [REDACTED] once I reported back to the station and he advised me he would be coming to the station on August 24, 2019 to give me a Supporting Deposition.

On August 25, 2019 I contacted the witness to the accident, [REDACTED], and advised him to come to the Utica Police Dept. for a statement. At approximately 5:20pm, [REDACTED] met me at the station and a Supporting Deposition (3) were completed and signed by [REDACTED]

MV104(a) completed.

My BWC footage was tagged regarding this incident.

Investigation pending.

Respectfully submitted,

Officer Z.P. Ambrose
#0172
Patrol C-3

NAME: [Signature]

RANK: Officer #0172

RMS #19-32544

Officer J. Lanza Car 59 MVA

(Officer J. Lanza)

SUMMARY

On August 24th, 2019 at approximately 1855 hours PO Lanza who was operating marked patrol unit 59 was involved in a four car MVA while responding to an attempt to locate of a FL5 [REDACTED] (RMS #19-32543). Per PO Lanza he had just turned north on to Elm St. from Memorial Parkway East when he entered the intersection with Pleasant St. against the red light with only his vehicles emergency lights activated (no siren). While traveling north through this intersection his vehicle collided with another vehicle [REDACTED] operated by [REDACTED] [REDACTED] which was traveling west on Pleasant St. in the passing lane. Per [REDACTED] and her front seat passenger [REDACTED] they entered the intersection with the green light. After impact [REDACTED] vehicle deflected off of Car 59 in a northwesterly direction and struck two parked vehicles which were parked and unoccupied between the sidewalk and residence of [REDACTED], which is located on the northwest corner of the intersection of Elm and Pleasant streets.

Both [REDACTED] and [REDACTED] sustained injuries and were evaluated on scene by UFD and transported to St. Elizabeth's for further evaluation for what was believed to be apparent non-life threatening injuries. [REDACTED] complained of pain in her nose which she said was caused by the impact with her deployed air bag. [REDACTED] complaint of general pain and his face was covered in blood from a laceration he sustained to same during the impact with Car 59.

Officer Lanza was evaluated on scene by Kunkel Ambulance personnel and stated he was not injured and signed off on any further medical attention.

Car 59 had extensive front and rear quarter panel damage to its passenger side and was towed by [REDACTED] to UPD Fleet Maintenance yard where it was secured and taken out of service.

All pertinent photographs of the damage to all involved persons, vehicles and of the scene were secured by PO Ambrose and entered into the Crime Scene folder under this incident's case number (#19-32544).

Duty Commander Captain Mickle was notified.

INVESTIGATION

PO Ambrose was assigned to Car 55 on August 24th and was the primary responding officer and subsequently the officer this motor vehicle collision investigation was ultimately assigned to for investigation.

PO Ambrose advised me later in the evening on August 24th that he learned through the CAD notes in this incident that there was also a civilian caller who called this MVA into OC911 dispatch. The notes in the CAD response regarding this civilian caller read as follows:

"Officer: Peter A Servello

TimeStamp: 08/24/2019 18:57:02

Remarks: [REDACTED] ACCIDENT WILL BE AROUND CORNER IN BLACK AVALANCHE

Officer: Peter A Servello

TimeStamp: 08/24/2019 18:57:23

Remarks: CALLER STATING OFFICER WAS AT FAULT"

On August 24th, a request via email was made by this Sgt. to the Crime Scene Unit requesting a download of Car 59's ACM also known as and referred to commonly as a vehicle's "black box". This request was to obtain any information on Car 59's speed, throttle percentage (if any), braking percentage (if any), operator seatbelt use, etc...for the five seconds leading up to its last recorded "event" (impact).

On August 25th PO Ambrose did meet with witness [REDACTED] at police headquarters where he did secure a written deposition from [REDACTED] of what he witnessed in this incident. [REDACTED] had left the scene on August 24th prior to police being able to interview him. [REDACTED] deposition is attached to and made a part of this investigation. [REDACTED] written statement can be summarized as such:

That [REDACTED] was a passenger in a vehicle being operated by his wife and that they were traveling west on Pleasant St. in the passing lane some distance behind [REDACTED] vehicle which was also traveling west on Pleasant St. but in the driving lane. Both [REDACTED] and [REDACTED] vehicles were both approaching the intersection with Elm St. with the green light when [REDACTED] observed Car 59 being operated by PO Lanza turn north on to Elm St. from Memorial Parkway East, slow briefly for the red light with no emergency lights or sirens activated and then anticipated that Car 59 was going to enter the intersection against the Red light as he and [REDACTED] still had the green light approaching this same intersection. [REDACTED] verbalized to his girlfriend his concern that Car 59 was going to enter the intersection and hit [REDACTED] vehicle which is what subsequently and exactly what happened.

[REDACTED] full deposition is attached to and made a part of this investigative packet.

On August 26th I received an email from department mechanic Charles Perotta which contained a copy of the preliminary estimate for the damage to Car 59 which was valued at \$15,548.79.

On August 27th I was informed by Inv. D. Gymburch of the Crime Scene Unit that the requested data download of Car 59's ACM (Airbag Control Module) was completed the day before and was available for me to view in the department's Crime Scene Folder, labeled under this incident's case number. After a review of this data download the following could be ascertained:

- Officer Lanza was not wearing his seatbelt as the Pre-Crash data for this indicator 1 second prior to event (impact) was recorded as: "Safety Belt Status, Driver: Not Buckled".
 - That 0.5 seconds prior to event (impact) Officer Lanza was traveling with 0% braking as his vehicles "service brake" as indicated by the download was recorded as "Off" at this time prior to event (impact). Additionally, and according to the download at this time 0.5 seconds prior to event (impact) Car 59 had 55.1% of its throttle (gas pedal) being applied and was traveling at a speed of 23 mph.
 - That at event (impact) which is anytime between .00001 seconds after the vehicles last ½ second recorded event up to .4999 seconds just prior to an additional ½ second recorded event being recorded and added to the vehicles Pre-Crash Data in its ACM, it was determined that Officer Lanza was traveling with some percentage of braking as his vehicles "service brake" as indicated by the download was recorded as "On" during the event (impact). During this time it was also shown that Car 59 was being operated with 0% throttle (gas pedal) being applied and traveling at a speed of 21 mph.
- The full printout and results of marked Patrol Car 59's data download are attached and made a part of this investigative packet.

On October 1st I spoke to Sgt. Hagen of the Logistics Unit who informed me that Car 59 said by the department's insurance carrier to be a total loss with a valued replacement cost of \$32,389.00.

TRACS MV104A completed by PO Ambrose and forwarded accordingly for approval.

FINDINGS

After a review of all supporting documentation, evidence, officer and witness statements etc..., below is a list of all NYS Vehicle & Traffic laws as well as Utica Police Department policies and procedures Officer Lanza violated by his actions when operating marked patrol Car 59 in this motor vehicle collision investigation:

NYS VTL, Sec. 1104 - Authorized emergency vehicles:

- (a) The driver of an authorized emergency vehicle, when involved in an emergency operation, may exercise the privileges set forth in this section, but subject to the conditions herein stated.
- (b) The driver of an authorized emergency vehicle may:
 - 2. Proceed past a steady red signal, a flashing red signal or a stop sign, but only after slowing down as may be necessary for safe operation;

Chapter 4, Article 1 – Patrol Operations:

1.17 CALLS FOR SERVICE RESPONDING OFFICER RESPONSIBILITIES:

- N. Units dispatched to Priority 2 calls will not utilize their emergency lights and siren unless circumstances warrant such use.

Chapter 4, Article 3 – Police Vehicles and Equipment:

3.14 USE OF EMERGENCY EQUIPMENT:

- A. Emergency equipment on police vehicles (i.e. lights, siren, and public address system) may be utilized as needed when officers are:

1. In pursuit
2. Responding to emergency calls
3. Responding to crimes in-progress
4. Stopping traffic violators
5. Rendering assistance to motorists
6. Parking the police vehicle on or off a roadway

3.15 EMERGENCY RED LIGHTS:

- A. Are employed to signal users of the highway that emergency conditions exist and that the right of way is requested and also to signal violators to drive to the extreme right of the roadway and stop. Emergency red lights shall be used in the following circumstances:

1. When in pursuit of, and when stopping traffic violators
2. In response to emergencies when authorized
3. When assisting motorists parked/stopping in hazardous locations
4. When the patrol vehicle is stopped in the traveled portion of a highway

3.16 SIREN:

- A. The siren is always used in conjunction with the emergency red lights. Use of the siren should be based on the existing traffic conditions, roadway conditions, and the urgency of the need for the unit's arrival. Generally, the siren should be used in the following situations:

1. During any pursuit
2. When responding to an emergency

- A. Officers should remember that drivers of vehicles with windows up, heater or air conditioner on, and radio or tape deck playing, will likely not hear the siren of an approaching emergency vehicle.

Note: PO Lanza stated on scene to this Sgt. and again in his Officer Narrative / Intra-Agency Memorandum he provided this Sgt. with regards to this incident that he had his emergency lights activated at the time he entered the intersection against the red light. This is contrary to what the witness [REDACTED] stated "that Car 59 had none of its emergency lights activated when it entered the intersection against the red light and struck [REDACTED] vehicle".

Additionally, PO Lanza stated on scene to this Sgt. and in his Officer Narrative / Intra-Agency Memorandum he provided this Sgt. with that he did not utilize Car 59's emergency sirens when entering the intersection against the red light.

This Sgt observed on scene just prior to Car 59 being towed from the scene that once the key was put in Car 59's ignition and the vehicle was powered on to get the vehicle into gear so that it could be towed, Car 59's emergency grill lights were the only emergency lights activated which is the first toggle-switch position for the vehicles emergency lights. These grill lights are very subtle and activated alone without any other of the vehicles emergency lights, and in daylight hours would be incredibly difficult for any motorist in either [REDACTED] or [REDACTED] position to have seen activated. But this does explain why, to some degree, PO Lanza may have believed he had his emergency lights activated, because he partially did.

However, under no circumstances are grill lights alone adequate for any kind of emergency response.

Regardless, Officer Lanza's response to this Attempt to Locate of a Wanted Person is in clear violation of the above referenced sections of department policy & procedure as this response warranted a Priority 2 type response which does not require any type of emergency response or utilization of emergency lights and/or sirens. Additionally, PO Lanza's response could not be considered as adequate even under circumstances requiring a Priority 1 response as he did not have Car 59's emergency lights fully activated (only partially), Officer Lanza also failed to utilized the vehicles emergency sirens in tandem with its emergency lights as required to by the above listed department policy and procedure.

NOTE: List of Priority 1 & 2 calls are listed below and are as outlined from Chapter 3, Article 18 – "Radio Usage and OC911 Center Dispatch Procedures" of the department's policy & procedural manual.

3.20 SEAT BELT USE:

- A. Any time a member is operating a vehicle or is a passenger in a vehicle during his tour of duty, the use of a seatbelt will be mandatory. Only in cases of rare and exigent circumstances may non-use of a seat belt be necessitated and only for a brief period of time.

Note: PO Lanza admitted and accepted responsibility to not having his seatbelt on at the time he was operating marked patrol car 59 and involved in the above motor vehicle collision therefore when he stated such in his Officer Narrative and Intra-Agency Memorandum he provided this Sgt. with regards to this incident. This is in clear violating of the above referenced section of department policy & procedure.

Chapter 4, Article 20 – Patrol Operations:

2.20 WHEN TO RECORD EVENTS:

B. Officers shall make every attempt to record the following enforcement and non-enforcement related contacts:

1. Immediately upon receiving and being dispatched to a call for service. (While in patrol vehicle en route to a call for service).

Note: PO Lanza by his own admission to this Sgt. on scene stated he did not activate his BWC until after he was involved in the above motor vehicle collision therefore violating the above referenced section of department policy & procedure. This was confirmed after reviewing PO Lanza's sole BWC footage of this incident, which begins post-collision with him walking over towards [REDACTED] vehicle to check on both [REDACTED] and [REDACTED] welfare.

Chapter 3, Article 18 – Radio Usage and OC911 Center Dispatch Procedures:

18.16 COMMUNICATIONS CENTER OPERATIONS:

Effective August 1st, 2012, the Oneida County 911 Center took over police dispatch services for the City of Utica Police Department. The department has adopted and will adhere to the agreed upon OC911 Center Dispatch Procedures that is attached to and hereafter made a part of this policy under section 18.17.

18.17 OC911 CENTER DISPATCH PROCEDURES FOR THE CITY OF UTICA PD:

DEFINITIONS:

A. PRIORITY ONE: "Crimes in Progress Calls." Require immediate dispatch and response. These include, but are not limited to:

1. Alarm: burglary or robbery;
2. Assault in progress- fight;
3. Bomb threat;
4. Child abuse;

5. Crimes in progress;
6. Suicide attempt;
7. Kidnapping;
8. EDP (Emotionally Disturbed Person);
9. Motor Vehicle Accident, PI, Unknown or major traffic tie up;
10. Officer in trouble;
11. Missing Person (child under seventeen, endangered, etc.);
12. Prowler calls;
13. Rape;
14. Person with a weapon;
15. Fire calls;
16. Shots fired/shooting;
17. Domestic incidents;
18. Crime report, suspect still at scene;
19. Burglaries;
20. Any other situation indicating urgency;

C. PRIORITY TWO:

Priority 2 calls include, but are not limited to the following:

1. Disturbance calls- noise, music, non-emergency annoyance, etc.;
2. Found property;
3. Miscellaneous accident reports;
4. Missing persons (no unusual circumstances);
5. Parking complaints;
6. Peace Officer;
7. Routine reports;
8. Special attention requests (loud music, barking dogs, etc);
9. Stolen vehicle reports (BOLO information will be immediately dispatched)

Respectfully submitted,

Sgt. D. Poccia #6766

David Poccia
Sgt. / # 6766

**Department of Public Safety
BUREAU OF POLICE
413 Oriskany Street W.
Utica, New York 13502**

Subject: Officer Involved MVA Internal Investigative Review = Car 59 - PO Lanza

RMS: 19-32544

Investigating Supervisor: Sgt. D. Poccia

Reviewing Supervisor: Lt. J. Holt Jr.

Summary:

I, Lt. James R. Holt Jr., am employed by the City of Utica Police Department, assigned to the Patrol Division - [redacted] Platoon ([redacted] hour's shift) as the Platoon Commander. While performing my duties as the [redacted] Platoon Commander, I reviewed an internal investigation regarding an Officer Involved Motor Vehicle Accident involving [redacted] Platoon Car / Zone 59 operated by PO Lanza (sole occupant).

On August 24, 2019, PO Lanza ([redacted]) was assigned to [redacted] Platoon Car / Zone 59 (sole occupant). During PO Lanza's tour of duty around 1855 hours, he responded to an attempt to locate a wanted person (associated RMS 19-32543). Upon initiating his response to said call for service, PO Lanza believed he had activated Car 59's emergency lights however as the result of an internal investigation it was found that he only partially activated the patrol vehicle's emergency lights in that the grill lights were the only emergency lights that were activated. While responding to said call for service, PO Lanza traveled north on Elm St. and approached the intersection of Pleasant St., upon believing there was no cross traffic on Pleasant St. he admittedly failed to stop for the red traffic light at the intersection subsequently entering the intersection at which time a vehicle operated by [redacted] along with her right front passenger [redacted] which was traveling westbound on Pleasant St. in the passing lane struck the passenger side of Car 59. The impact caused [redacted] vehicle to change course and collide with two unoccupied vehicles that were parked in the driveway of [redacted] St.

PO Lanza was not injured as a result of the accident, he was evaluated on scene by Kunkel EMS and he declined further evaluation / treatment. The occupants of the vehicle that struck Car 59 were injured as a result of the accident, the driver [redacted] complained of head / neck pain and the right front passenger [redacted] complained of head / neck pain to include visible facial lacerations. Both [redacted] and [redacted] were treated by Utica Fire EMS and transported to St. Elizabeth Medical Center for further evaluation / treatment. No other associated injuries were reported.

Car 59 sustained heavy passenger side damage as a result of the accident, same was towed from the scene. The vehicle driven by [redacted] sustained heavy front end damage

as a result of the accident, same was towed from the scene. The other involved vehicles that were unoccupied and parked in the driveway of [REDACTED] St. sustained moderate damage however they did not need to be towed from the scene.

PO Lanza notified [REDACTED] Platoon Patrol Supervisor Car 40 – Sgt. Poccia of the accident. Sgt. Poccia who is a certified Collision Reconstruction Investigator responded to the accident scene and initiated an internal investigation regarding the Officer Involved Motor Vehicle Accident. The Duty Commander Captain Mickle was notified regarding the accident. After being briefed, Captain Mickle advised that he did not wish to respond to the scene. Sgt. Poccia coordinated and completed the ensuing internal investigation regarding the Officer Involved Motor Vehicle Accident per department policy and procedure.

Investigative Facts:

Sgt. Poccia interviewed PO Lanza regarding the accident. PO Lanza stated upon responding to an attempt to locate a male wanted for a felony outstanding warrant he activated Car 59's emergency lights. PO Lanza stated as he approached the intersection of Elm St. and Pleasant St. he noted that he had the red traffic light and he did not observe any cross traffic on Pleasant St. therefore he entered the intersection heading northbound at which time Car 59 was struck by a vehicle heading westbound on Pleasant St. PO Lanza stated he was not wearing his seatbelt at the time of the accident and he estimated Car 59's speed to be around 30 mph. Sgt. Poccia directed PO Lanza to complete a comprehensive officer narrative regarding the incident. Sgt. Poccia interviewed the driver of the vehicle that struck Car 59 – [REDACTED] who stated she was traveling westbound on Pleasant St. in the passing lane, she noted that the traffic light at the intersection of Elm St. was green so she proceeded into the intersection at which time she remembers a boom and everything went blank. A witness [REDACTED] was interviewed who corroborated the statements of Lanza and [REDACTED] except he claimed the emergency lights on Car 59 were not activated.

Sgt. Poccia inspected Car 59 at the accident scene and found that PO Lanza had only partially engaged the emergency lights of Car 59 resulting in only the grill lights to be activated.

The Utica Police Accident Reconstruction Unit completed a Crash Data Retrieval Report (CDR) from Car 59 which noted that PO Lanza was not wearing his seatbelt at the time of the accident. Furthermore, the CDR noted that Car 59 was traveling 23 mph five seconds before the crash with no brake activity.

Sgt. Poccia was unable to locate any video footage of the accident. PO Lanza's body worn camera was not activated at the time of the accident as he had just initiated his response to the call for service at hand.

NYS DMV Database checks of all involved operators and associated vehicle registrations were completed, no issues were noted.

Platoon Car 55 - PO Ambrose secured and filed digital photographs of the accident scene. PO Ambrose also completed a TRACS accident report (MV104A) and deposed the witness [REDACTED].

Sgt. Poccia obtained a preliminary damage estimate for Car 59 from Fleet Maintenance totaling \$15,548.79. Car 59 was deemed a total loss with an estimated replacement cost of \$32,389. The other involved vehicles sustained significant damage however damage estimates were not disclosed for same.

PO Lanza's driving history was requested from Professional Standards which showed that he had no history.

The accident investigation determined that PO Lanza was at fault for the accident in that he failed to stop for a steady red traffic signal and failed to yield right of way. No tickets were issued.

Investigative Findings:

Sgt. Poccia completed his internal investigation into the above Officer Involved Motor Vehicle Accident and concluded that PO Lanza was at fault for causing the accident as he failed to stop for a steady red traffic signal and failed to yield right of way. Furthermore, Sgt. Poccia concluded that PO Lanza violated several sections of UPD Policy associated with the operation of departmental motor vehicles.

After conducting a review of the facts and circumstances regarding this incident as well as Sgt. Poccia's internal investigation, I concurred that PO Lanza was at fault for causing the accident as he failed to stop for a steady red traffic signal and failed to yield right of way. I further concluded that PO Lanza failed to utilize "due care" and failed to use a seat belt while operating a patrol vehicle. Thus, I determined that PO Lanza violated the following departmental policy and procedure sections:

Chapter 4, Article 3 – Police Vehicles and Equipment

3.20 SEAT BELT USE:

A. Any time a member is operating a vehicle or is a passenger in a vehicle during his tour of duty, the use of a seat belt is mandatory. Only in cases of rare and exigent circumstances may non-use of a seat belt be necessitated and only for a brief period of time.

Chapter 4, Article 1 – Patrol Operations

1.14 CARE OF EQUIPMENT:

A. Officers assigned a departmental vehicle shall abide by all policies, procedures, and rules relating to the care, inspection, and maintenance of such vehicle.

Chapter 8, Article 1 – Professional Standards of Conduct and Ethics

1.14 PERFORMANCE AND ATTENTION TO DUTY:

A. General Duties;

2. Employees shall perform their duties in a competent manner.

EE. Departmental Vehicles/Operation/Care/ Personal Use/MV Accident/Reporting;

2. Employees shall operate departmental vehicles in a careful and prudent manner, and shall obey all laws and departmental directives pertaining to such operation.

1.17 GENERAL RULES OF CONDUCT:

P. Departmental Property and Equipment;

1. Employees shall be held responsible for the proper care and use of departmental property and equipment assigned to or used by them. When obtaining any equipment, and again upon its return, it is the employee's responsibility to inspect it. Employees shall utilize departmental equipment only for its intended purpose.

Ancillary Issues:

No ancillary issues were noted during this investigation.

Recommendations:

As a result of PO Lanza's above noted departmental policy and procedure violations which resulted in a substantial amount of property damage to four motor vehicles as well as personal injury to two individuals, I recommend that PO Lanza forfeit 5 days of benefit time which will serve as progressive punitive discipline in full satisfaction of the above matter.

Respectfully Submitted,

James R. Holt Jr.

Lt. J. Holt Jr. / # 4016



CITY OF UTICA

DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE

413 ORISKANY STREET WEST
UTICA, NEW YORK 13502

ROBERT PALMIERI
Mayor

MARK WILLIAMS
Chief of Police

1/15/2020

Officer J. Lanza

Platoon

Patrol Division

Officer J. Lanza:

On August 24, 2019, you were assigned to Platoon Car / Zone 59 (sole occupant). While operating Car 59, you were faulted for causing a motor vehicle accident. Specifically, the accident investigation found that you passed a red traffic light and failed to yield the right of way at the intersection of Pleasant St. and Elm St. in the City of Utica which resulted in a motor vehicle accident whereas four vehicles were damaged and two individuals were injured. One of the damaged vehicles was Car 59 which sustained a damage estimate totaling \$15,549. Sgt. Poccia handled the associated internal investigation regarding the officer involved motor vehicle accident to determine if departmental policy was violated. The ensuing internal investigation found that you were not wearing your seatbelt and you failed to utilize "due care" while operating Car 59 subsequently violating several sections of departmental policy.

As a result of the investigation it was determined that you have violated Department Procedural Manual as follows:

Chapter 4, Article 3 – Police Vehicles and Equipment

3.20 SEAT BELT USE:

A. Any time a member is operating a vehicle or is a passenger in a vehicle during his tour of duty, the use of a seat belt is mandatory. Only in cases of rare and exigent circumstances may non-use of a seat belt be necessitated and only for a brief period of time.

Chapter 4, Article 1 – Patrol Operations

CARE OF EQUIPMENT:

A. Officers assigned a departmental vehicle shall abide by all policies, procedures, and rules relating to the care, inspection, and maintenance of such vehicle.

Chapter 8, Article 1 – Professional Standards of Conduct and Ethics

PERFORMANCE AND ATTENTION TO DUTY:

General Duties;

1. Employees shall perform their duties in a competent manner.

F. Departmental Vehicles/Operation/Care/ Personal Use/MV Accident/Reporting;

2. Employees shall operate departmental vehicles in a careful and prudent manner, and shall obey all laws and departmental directives pertaining to such operation.

1.17 GENERAL RULES OF CONDUCT:

Last Revision Date 6/7/2016

Departmental Property and Equipment;

2. Employees shall be held responsible for the proper care and use of departmental property and equipment assigned to or used by them. When obtaining any equipment, and again upon its return, it is the employee's responsibility to inspect it. Employees shall utilize departmental equipment only for its intended purpose.

On 1/15/2020, a Command Discipline hearing was commenced. You were offered PBA representation and you accepted/denied. Also present during this hearing was (declined PBA representation). We came to the following resolution.

- A) You accept the findings of the investigation.
- B) You accept responsibility for violating the Departmental Procedural Manual.
- C) You accept this Letter of Reprimand, directing the forfeiture of 5 Vacation Days.
- D) You also understand that in the future, this behavior or any other violation of Departmental Rules or Regulations of a similar nature will be subject to further disciplinary action.

You are being furnished a copy of this letter. The original with acknowledgment, signed by you, will be placed in your personnel

Don Cinque, 1420
Capt. D. Cinque

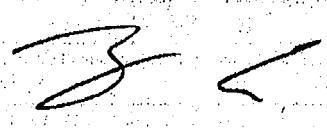
James R. Holt Jr.
Lt. J. Holt Jr.

J. Lanza
Officer J. Lanza

Declined JL
PBA Rep.

I acknowledge the content of this letter
and a copy of it has been provided to me.

POLICE ACCIDENT REPORT

Case Number 00PC659WW26K		Amended Report <input type="checkbox"/>		Original Case Number		All information contained in this report is for Law Enforcement Purposes and Police Officer Use only.					
Date of Accident 08/24/2019		Time of Accident 18:55 Hrs.		Day of Week Saturday		No. Of Vehicles 4		No. Injured 2		Number Killed 0	
Investigated at Scene YES		Officer Involved YES		Involved Agency YES		Accident Reconstructed NO		Reconstructed - Shield NO		Left Scene NO	
Police Photo YES		No. Witnesses 1									
C/TV Name Where Accident Occurred UTICA, CITY OF - 3302						County ONEIDA					
On Road, Street, or Highway PLEASANT STREET											
X Coordinate(Longitude/Easting)				Y Coordinate(Latitude/Northing)				Reference Marker			
At Intersection YES		At Intersection with: ELM STREET									
Distance Type				Distance				Direction			
Milepost, Nearest Intersection, Route Number or Street Name											
Literal Description											
ACCIDENT ENVIRONMENT											
Description of accident OTHER								Cost of Repair to any one vehicle more than \$1,000? YES			
Location of First Event 1 - ON ROADWAY						Type of Accident - Collision With (First Event) 01 - OTHER MOTOR VEHICLE					
Light Conditions 1 - DAYLIGHT				Road Surface Condition 1 - DRY				Weather Conditions (up to two) 1 - CLEAR			
Pedestrian Involved NO		Was Pedestrian/Bicyclist/Other at the intersection? NOT APPLICABLE				Pedestrian/Bicyclist/Other Action 77 - NOT APPLICABLE					
ROADWAY CHARACTERISTICS											
Roadway 1 - STRAIGHT AND LEVEL						Traffic Control 02 - TRAFFIC SIGNAL					
FATAL AND TRUCK/BUS											
Is this a Fatal Accident? NO		CMV Vehicles/Persons									
Number of Qualifying Vehicles Involved:											
No. Towed		No. of Fatal Injuries		No. Vehicles Emergency Assist.		No. Persons Transported		No. Trucks		No. Trucks Hazmat Placard	
No. Buses											
Roadway Surface						No. of Lanes		Speed Limit		Work Related	
Roadway Flow											
INCIDENT INFORMATION											
Local Codes (Incident Number) 1932544											
								Officer's Last Name AMBROSE			
								Officer's First Name ZACHARY			
								MI P			
NCIC/ORI UTICA POLICE DEPARTMENT - 03202						Div/Troop		Pct/Zone		Sector/Station	
Badge/Shield 0172											
Reviewing Officer's Signature											
Reviewing Officer's Name											
Date Reviewed								Time Reviewed			

UNIT

11

Describe this Vehicle/Driver 3 - OCCUPIED BY DRIVER				Was this a Vehicle, Bicyclist or Pedestrian? 1 - VEHICLE			
DRIVER INFORMATION							
Driver's Name - Last LANZA				First JOSEPH		Middle	
Address 413 ORISKANY STREET W				City UTICA		State NY	Zip 13502
Date of Birth [REDACTED]	Sex M - MALE	Unlicensed? NO	Driver's License ID Number [REDACTED]		License State [REDACTED]	License Class [REDACTED]	Driver Ejected 1 - NOT EJECTED
Police Officer? YES				Emergency Operation N			
Driver Safety Equipment Used 1 - NONE			Location of Most Severe Physical Complaint 77 - NOT APPLICABLE		Type of Physical Complaint 77 - NOT APPLICABLE		Deceased
Driver Physical Emotional Status NOT APPLICABLE		Injured Taken by (Source of Transport)			Injured Taken To (Medical Facility)		
Out of State Hospital Name				Other Hospital County Name		State	EMS Response Plate #
Driver Date of Death		Extricated	Type of Extrication Equipment Used			Air Bag Deployed?	Air Bags Not In Vehicle?
OWNER INFORMATION							
Address Same as Driver? YES		Name - Last (exactly as printed on registration) UTICA POLICE DEPT			First		Middle
Date of Birth	Address 413 ORISKANY STREET W			City UTICA		State NY	Zip 13502
VEHICLE INFORMATION							
License Plate # 59	State NY	Vehicle Year 2018	Make FORD	Type POLI	VIN # [REDACTED]	Insurance Company and Code [REDACTED]	
Pre-Accident Vehicle Action 01 - GOING STRAIGHT AHEAD		Type of Accident - Collision With (Second Event) 77 - NOT APPLICABLE			Direction 1 - NORTH	Point of Impact 04 - FRONT QUARTER PANEL	
Most Damaged Area 04 - FRONT QUARTER PANEL RIGHT		Damaged Area (Enter up to 3 more damaged areas) 05 - DOOR RIGHT, 06 - REAR QUARTER PANEL RIGHT, 03 - FRONT RIGHT					Total Occupant 01
Apparent Contributing Factor (Primary) Driver 17 - TRAFFIC CONTROL DISREGARDED			Apparent Contributing Factor (Secondary) Driver 07 - FAILURE TO YIELD RIGHT-OF-WAY			Vehicle Towed By [REDACTED]	
Vehicle Towed To UTICA PD		Vehicle Model				Estimated Speed	Speed Unknown
DRIVER VIOLATIONS							
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	
COMMERCIAL MOTOR VEHICLE INFORMATION							
Comm. Trailer Lic. Plate #	Attached to Trailer #1:	State	Year	Attached to Trailer #2:	State	Year	Cargo Body Type
Vehicle Configuration		Driver Apparent Condition - Truck/Bus		Veh. Type	Access Control		
Number of Axles	Gross Vehicle Weight	Total Weight All Trailer(s)		Carrier Source		Over 95 Inches Wide NO	Over 35 Feet Long NO
OverWeight Permit NO	OverDimension Permit NO	Weight Rating		Carrier Name			
Address		City		State	Zip	U.S. DOT Number	ICC MC Number
Issuing Authority	Does Vehicle have Haz. Mat. Placard? NO	Placard #	Haz. Mat. Released NO		Haz. Mat. Type		
First Event				Second Event			
Third Event				Fourth Event			
Carrier Explanation							

Describe this Vehicle/Driver 3 - OCCUPIED BY DRIVER	Was this a Vehicle, Bicyclist or Pedestrian? 1 - VEHICLE
---	--

DRIVER INFORMATION

Driver's Name - Last		First		Middle	
Address		City		State	Zip
Date of Birth	Sex F - FEMALE	Unlicensed? NO	Driver's License ID Number	License State	License Class
Police Officer? NO			Driver Ejected 1 - NOT EJECTED		
Emergency Operation			Driver Injured? YES		

Driver Safety Equipment Used A - AIR BAG DEPLOYED/LAP BELT/HARNES		Location of Most Severe Physical Complaint 01 - HEAD		Type of Physical Complaint 12 - COMPLAINT OF PAIN		Deceased
Driver Physical Emotional Status 6 - CONSCIOUS		Injured Taken by (Source of Transport) 9997 - FIRE VEHICLE		Injured Taken To (Medical Facility) ONEIDA - ST. ELIZABETH HOSPITAL		
Out of State Hospital Name			Other Hospital County Name		State	EMS Response Plate #
Driver Date of Death	Extricated	Type of Extrication Equipment Used			Air Bag Deployed?	Air Bags Not in Vehicle?

OWNER INFORMATION

Address Same as Driver?		Name - Last (exactly as printed on registration)		First	Middle
Date of Birth	Address		City	State	Zip

VEHICLE INFORMATION

License Plate #	State	Vehicle Year	Make	Type	VIN #	Insurance Company and Code
Pre-Accident Vehicle Action 01 - GOING STRAIGHT AHEAD		Type of Accident - Collision With (Second Event) 01 - OTHER MOTOR VEHICLE		Direction 7 - WEST	Point of Impact 02 - FRONT CENTER	
Most Damaged Area 02 - FRONT CENTER		Damaged Area (Enter up to 3 more damaged areas) 01 - FRONT LEFT, 03 - FRONT RIGHT, 04 - FRONT QUARTER/PANEL RIGHT				Total Occupant 02
Apparent Contributing Factor (Primary) Driver 77 - NOT APPLICABLE			Apparent Contributing Factor (Secondary) Driver 77 - NOT APPLICABLE			Vehicle Towed By WEST END AUTO
Vehicle Towed To WEST END AUTO		Vehicle Model			Estimated Speed	Speed Unknown

DRIVER VIOLATIONS

Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection
Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection
Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection

COMMERCIAL MOTOR VEHICLE INFORMATION

Comm. Trailer Lic. Plate #	Attached to Trailer #1:	State	Year	Attached to Trailer #2:	State	Year	Cargo Body Type
Vehicle Configuration		Driver Apparent Condition - Truck/Bus		Veh. Type	Access Control		
Number of Axles	Gross Vehicle Weight	Total Weight All Trailer(s)		Carrier Source	Over 95 Inches Wide NO	Over 35 Feet Long NO	
OverWeight Permit NO	OverDimension Permit NO	Weight Rating		Carrier Name			
Address		City		State	Zip	U.S. DOT Number	ICC MC Number
Issuing Authority		Does Vehicle have Haz. Mat. Placard? NO	Placard #	Haz. Mat. Released NO		Haz. Mat. Type	
First Event				Second Event			
Third Event				Fourth Event			
Carrier Explanation							

UNIT

003

Describe this Vehicle/Driver 2 - PARKED	Was this a Vehicle, Bicyclist or Pedestrian? 1 - VEHICLE
---	--

DRIVER INFORMATION

Driver's Name - Last PARKED		First		Middle			
Address		City		State NY	Zip		
Date of Birth	Sex	Unlicensed?	Driver's License ID Number	License State	License Class	Driver Ejected 7 - NOT APPLICABLE	Driver Injured? NO
Police Officer? NO			Emergency Operation				
Driver Safety Equipment Used N - NOT APPLICABLE			Location of Most Severe Physical Complaint 77 - NOT APPLICABLE		Type of Physical Complaint 77 - NOT APPLICABLE		Deceased
Driver Physical Emotional Status 7 - NOT APPLICABLE		Injured Taken by (Source of Transport)		Injured Taken To (Medical Facility)			
Out of State Hospital Name			Other Hospital County Name		State	EMS Response Plate #	
Driver Date of Death	Extricated	Type of Extrication Equipment Used			Air Bag Deployed?	Air Bags Not in Vehicle?	

WINNER INFORMATION

Address Same	Name - Last (exactly as printed on registration)		First	Middle
Date of Birth	Address	City	State	Zip

VEHICLE INFORMATION

License Plate #	State	Vehicle Year	Make	Type	VIN #	Insurance Company and Code	
Pre-Accident Vehicle Action 10 - PARKED		Type of Accident - Collision With (Second Event) 77 - NOT APPLICABLE			Direction 7 - WEST	Point of Impact 11 - DOOR LEFT	
Most Damaged Area 11 - DOOR LEFT		Damaged Area (Enter up to 3 more damaged areas) 12 - FRONT QUARTER PANEL LEFT				Total Occupant 00	
Apparent Contributing Factor (Primary) Driver 77 - NOT APPLICABLE			Apparent Contributing Factor (Secondary) Driver 77 - NOT APPLICABLE			Vehicle Towed By	
Vehicle Towed To		Vehicle Model			Estimated Speed	Speed Unknown	

DRIVER VIOLATIONS

Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection
Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection
Ticket Number	Violation Section and Subsection	Ticket Number	Violation Section and Subsection

COMMERCIAL MOTOR VEHICLE INFORMATION

Comm. Trailer Plate #	Attached to Trailer #1:	State	Year	Attached to Trailer #2:	State	Year	Cargo Body Type
Vehicle Configuration		Driver Apparent Condition - Truck/Bus		Veh. Type	Access Control		
Number of Axles	Gross Vehicle Weight	Total Weight All Trailer(s)	Carrier Source			Over 95 Inches Wide NO	Over 35 Feet Long NO
OverWeight Permit NO	OverDimension Permit NO	Weight Rating	Carrier Name				
Address		City	State	Zip	U.S. DOT Number	ICC MC Number	
Issuing Authority	Does Vehicle have Haz. Mat. Placard? NO	Placard #	Haz. Mat. Released NO		Haz. Mat. Type		
First Event			Second Event				
Third Event			Fourth Event				
Carrier Explanation							

Describe this Vehicle/Driver 2 - PARKED	Was this a Vehicle, Bicyclist or Pedestrian? 1 - VEHICLE
---	--

DRIVER INFORMATION									
Driver's Name - Last PARKED					First			Middle	
Address					City		State NY	Zip	
Date of Birth	Sex	Unlicensed?	Driver's License ID Number		License State	License Class	Driver Ejected 7 - NOT APPLICABLE		Driver Injured? NO
Police Officer? NO					Emergency Operation				
Driver Safety Equipment Used 7 - NOT APPLICABLE			Location of Most Severe Physical Complaint 77 - NOT APPLICABLE			Type of Physical Complaint 77 - NOT APPLICABLE		Deceased	
Driver Physical Emotional Status 7 - NOT APPLICABLE		Injured Taken by (Source of Transport)			Injured Taken To (Medical Facility)				
Out of State Hospital Name					Other Hospital County Name		State	EMS Response Plate #	
Driver Date of Death		Extricated	Type of Extrication Equipment Used				Air Bag Deployed?		Air Bags Not In Vehicle?

OWNER INFORMATION									
Address Same as Driver? NO		Name - Last (exactly as printed on registration)			First		Middle		
Date of Birth	Address			City		State	Zip		

VEHICLE INFORMATION									
License Plate #	State	Vehicle Year	Make	Type	VIN #	Insurance Company and Code			
Pre-Accident Vehicle Action 10 - PARKED			Type of Accident - Collision With (Second Event) 77 - NOT APPLICABLE			Direction 7 - WEST	Point of Impact 08 - REAR CENTER		
Most Damaged Area 08 - REAR CENTER			Damaged Area (Enter up to 3 more damaged areas) 09 - REAR LEFT, 07 - REAR RIGHT					Total Occupant 00	
Apparent Contributing Factor (Primary) Driver 77 - NOT APPLICABLE				Apparent Contributing Factor (Secondary) Driver 77 - NOT APPLICABLE			Vehicle Towed By		
Vehicle Towed To			Vehicle Model			Estimated Speed		Speed Unknown	

DRIVER VIOLATIONS							
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	
Ticket Number		Violation Section and Subsection		Ticket Number		Violation Section and Subsection	

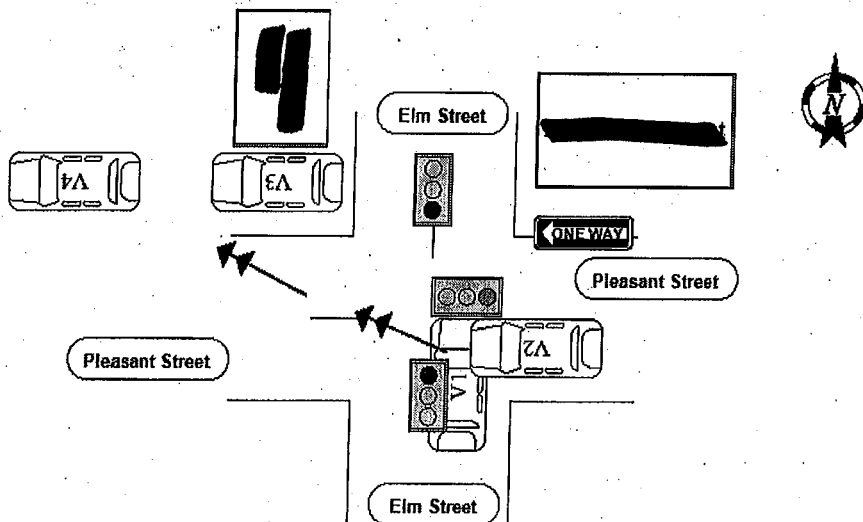
COMMERCIAL MOTOR VEHICLE INFORMATION									
Comm. Trailer Lic. Plate #	Attached to Trailer #1:		State	Year	Attached to Trailer #2:		State	Year	Cargo Body Type
Vehicle Configuration			Driver Apparent Condition -Truck/Bus			Veh. Type	Access Control		
Number of Axles	Gross Vehicle Weight	Total Weight All Trailer(s)		Carrier Source			Over 95 Inches Wide NO	Over 35 Feet Long NO	
OverWeight Permit NO	OverDimension Permit NO	Weight Rating			Carrier Name				
Address			City		State	Zip	U.S. DOT Number	ICC MC Number	
Issuing Authority	Does Vehicle have Haz. Mat. Placard? NO		Placard #	Haz. Mat. Released NO		Haz. Mat. Type			
First Event					Second Event				
Third Event					Fourth Event				
Other Explanation									

PASSENGER INFORMATION

Which Vehicle Occupied 2		Name - Last [REDACTED]		First [REDACTED]		MI [REDACTED]	
Street Address [REDACTED]							
City [REDACTED]				State [REDACTED]		Zip Code [REDACTED]	
Date Of Birth [REDACTED]		Sex M - MALE		Position in Vehicle 03 - PASSENGER FRONT RIGHT			
Ejection 1 - NOT EJECTED		Safety Equipment Used A - AIR BAG DEPLOYED/LAP BELT/HARNESS					
Passenger Injured YES		Location of Physical Complaint 01 - HEAD			Victim's Physical and Emotional Status 6 - CONSCIOUS		
Type of Physical Complaint 04 - MINOR BLEEDING				Passenger Deceased		Date of Death	
Injured Taken by (Source of Transport) 9997 - FIRE VEHICLE				Injured taken to (Medical Facility) ONEIDA - ST. ELIZABETH HOSPITAL			
Out of State Hospital Name				County			State
Extricated		Type of Extrication Equipment Used				Air Bags Deployed	
						Air Bags Not In Vehicle	
Time Notified		Time Arrived at Scene			Time Arrived at Hospital		

Name - Last [REDACTED]		First [REDACTED]		Middle		Suffix	
Address [REDACTED]							
City				State		Zip Code	
Home Phone [REDACTED]				Work Phone			

DIAGRAM



ACCIDENT DESCRIPTION/OFFICER'S NOTES

DV1 AN ON-DUTY UTICA POLICE OFFICER, JOSEPH LANZA, WHO WAS OPERATING A 2018 FORD TAURUS, MARKED UTICA POLICE DEPT. PATROL VEHICLE, CAR 59, STATED HE WAS TRAVELING NORTH THROUGH THE INTERSECTION OF ELM STREET AND PLEASANT STREET WITH HIS EMERGENCY LIGHTS ACTIVATED WHEN A VEHICLE THAT WAS TRAVELING WEST ON PLEASANT STREET STRUCK HIS VEHICLE, CAUSING DAMAGE TO THE ENTIRE LEFT SIDE OF THE VEHICLE.

ACCIDENT DESCRIPTION/OFFICER'S NOTES

DV2 [REDACTED] WHO WAS OPERATING [REDACTED] A [REDACTED] STATED SHE WAS TRAVELING WEST ON PLEASANT STREET APPROACHING THE INTERSECTION OF PLEASANT STREET AND ELM STREET WHEN SHE HAD THE STEADY GREEN SIGNAL AND AS SHE WAS PROCEEDING THROUGH THE INTERSECTION SHE HEARD A BOOM AND EVERYTHING WAS BLANK AND SHE STATED HER VEHICLE WAS PUSHED BY TWO PARKED VEHICLES, CAUSING DAMAGE TO THE ENTIRE FRONT END OF HER VEHICLE.

[REDACTED] A [REDACTED] WHICH IS OWNED BY [REDACTED] STATED HIS VEHICLE WAS PARKED IN THE DRIVEWAY OF [REDACTED] STREET WHEN IT WAS STRUCK BY ANOTHER VEHICLE THAT WAS INVOLVED IN A MVA AT THE INTERSECTION OF PLEASANT STREET AND ELM STREET, CAUSING DAMAGE TO THE DRIVER'S SIDE FRONT AND REAR DOORS.

[REDACTED] A [REDACTED] T, WHICH IS OWNED BY [REDACTED] STATED HIS VEHICLE WAS PARKED IN THE DRIVEWAY OF [REDACTED] WHEN IT WAS STRUCK BY ANOTHER VEHICLE THAT WAS INVOLVED IN A MVA AT THE INTERSECTION OF PLEASANT STREET CAUSING DAMAGE TO THE ENTIRE BACK END OF HIS VEHICLE.

PER MY INVESTIGATION I DETERMINED THE DV1 TO BE AT FAULT FOR FAILING TO STOP AT A STEADY RED SIGNAL AND FAILING TO YIELD THE RIGHT OF WAY. PER FURTHER INVESTIGATION DV1 WAS TRAVELING AT AN ESTIMATE SPEED OF 21MPH WHICH WAS OBTAINED FROM A DOWNLOAD FROM V1 FROM THE ACM (AIRBAG CONTROL MODULE). DV1 WAS ALSO NOT UTILIZING HIS SEAT-BELT PER ORAL ADMISSION AND PER THE DATA DOWNLOAD.

DV1 DID NOT HAVE ANY INJURIES.

SEE ATTACHED FOR FURTHER.

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Time Reviewed

Reviewing Officer's Signature

ATTACHMENT DESCRIPTION

DV2 was complaining of head and neck pain and was evaluated on scene by the Utica Fire Dept. and transported by UFD to St. Elizabeth's Hospital for further medical evaluation. The passenger of V2 [REDACTED] had visible facial lacerations and was complaining of neck and leg pain. [REDACTED] was also evaluated on scene by UFD and transported to St. Elizabeth's Hospital for further medical evaluation.

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes
19-32544
J0PC559WW26K

☐ AMENDED REPORT

1	Accident Date Month 8 Day 24 Year 2019	Day of Week Saturday	Military Time 18:55	No. of Vehicles 4	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20			
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21		
3	VEHICLE 1- Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license LANZA, JOSEPH Address (Include Number and Street) 413 ORISKANY STREET W Apt. No. [REDACTED] City or Town UTICA State NY Zip Code 13502 Date of Birth [REDACTED] Sex M Unlicensed <input type="checkbox"/> No. of Occupants 01 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex C Date of Birth [REDACTED] UTICA POLICE DEPT, Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> Address (Include Number and Street) 413 ORISKANY STREET W Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town UTICA State NY Zip Code 13502				VEHICLE 2- Driver License ID Number [REDACTED] State of Lic. [REDACTED] Driver Name - exactly as printed on license [REDACTED] Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED] Date of Birth [REDACTED] Sex F Unlicensed <input type="checkbox"/> No. of Occupants 02 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration Sex F Date of Birth [REDACTED] [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> Address (Include Number and Street) [REDACTED] Apt. No. [REDACTED] Haz. Mat. Code [REDACTED] Released <input type="checkbox"/> City or Town [REDACTED] State [REDACTED] Zip Code [REDACTED]						22		
4	Plate Number 59 State of Reg. NY Vehicle Year & Make 2018 FORD Vehicle Type POLI Ins. Code [REDACTED]	Plate Number [REDACTED] State of Reg. [REDACTED] Vehicle Year & Make [REDACTED] Vehicle Type [REDACTED] Ins. Code [REDACTED]								23			
5	Ticket/Arrest Number(s)				Ticket/Arrest Number(s)						24		
6	Violation Section(s)				Violation Section(s)						25		
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. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 4 Box 2 - Most Damage 4 Enter up to three more damage codes 5 6 3 Vehicle By: PRECISION COLL Towed To: UTICA PD VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				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. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 2 Box 2 - Most Damage 2 Enter up to three more damage codes 1 4 4 Vehicle By: [REDACTED] Towed To: [REDACTED]				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End 1. Left Turn 3. Right Angle 5. Right Turn 7. Head On Sideswipe (same direction) 2. Left Turn 4. Right Turn 6. Sideswipe (opposite direction) 8. ACCIDENT DIAGRAM See the last page of the MV-104A for the accident diagram. 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				26
8	Reference Marker				Coordinates (if available) Latitude/Northing				Place Where Accident Occurred: County ONEIDA <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of UTICA Road on which accident occurred PLEASANT STREET (Route Number or Street Name) at 1) Intersecting street ELM STREET (Route Number or Street Name) or 2) [REDACTED] N S of [REDACTED] E W (Milepost, Nearest Intersecting Route Number or Street Name) feet miles				27
9	Accident Description/Officer's notes DV1 an on-duty Utica Police Officer, Joseph Lanza, who was operating a 2018 Ford Taurus, marked Utica Police Dept. patrol vehicle, car 59, stated he was traveling north through the intersection of Elm Street and Pleasant Street with his emergency lights activated when a vehicle that was traveling west on Pleasant Street struck his vehicle, causing damage to the entire left side of the vehicle. DV2 [REDACTED], who was operating [REDACTED]										28		
10	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A	1	1	1	1	[REDACTED]	M	-	-	-			LANZA, JOSEPH	
B	2	1	A	1	[REDACTED]	F	01	12	6	9997	3207	[REDACTED]	
C	2	3	A	1	[REDACTED]	M	01	04	6	9997	3207	[REDACTED]	
D													
E													
F													
Officer's Rank and Signature	OFFICER [REDACTED]				Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed			
Print Name in Full	ZACHARY P AMBROSE				0172	03202							

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes

19-32544

J0PC559WW26K

AMENDED REPORT

1	Accident Date Month 8 Day 24 Year 2019	Day of Week Saturday	Military Time 18:55	No. of Vehicles 4	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20			
2	VEHICLE 3				<input checked="" type="checkbox"/> VEHICLE 4 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						21		
3	VEHICLE 3 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State NY Zip Code Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged Name - exactly as printed on registration Sex Date of Birth Month Day Year				VEHICLE 4 - Driver License ID Number Driver Name - exactly as printed on license Address (Include Number and Street) City or Town State NY Zip Code Date of Birth Month Day Year Sex Unlicensed No. of Occupants Public Property Damaged Name - exactly as printed on registration Sex Date of Birth Month Day Year						22		
4	[REDACTED] Address (Include Number and Street) City or Town State NY Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				[REDACTED] Address (Include Number and Street) City or Town State NY Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)						23		
5	[REDACTED] Address (Include Number and Street) City or Town State NY Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)				[REDACTED] Address (Include Number and Street) City or Town State NY Zip Code Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code Ticket/Arrest Number(s) Violation Section(s)						24		
6	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"/> VEHICLE 3 DAMAGE CODES L Box 1 - Point of Impact 1 1 E Box 2 - Most Damage 11 11 3 Enter up to three more damage codes 12 3 4 5 Vehicle By: Towed To: VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				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"/> VEHICLE 4 DAMAGE CODES L Box 1 - Point of Impact 1 1 E Box 2 - Most Damage 11 11 3 Enter up to three more damage codes 12 3 4 5 Vehicle By: Towed To: VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. Sidewipe (same direction) Left Turn Right Turn Sidewipe (opposite direction) 8. 9. 10. ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No		25
7	Reference Marker Coordinates (if available) Latitude/Northing Longitude/Easting				Place Where Accident Occurred: County ONEIDA <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of Road on which accident occurred (Route Number or Street Name) at 1) intersecting street or 2) feet miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of (Route Number or Street Name) (Milepost, Nearest Intersecting Route Number or Street Name)						26		
8	Accident Description/Officer's notes [REDACTED] a [REDACTED], stated she was traveling west on Pleasant Street approaching the intersection of Pleasant Street and Elm Street when she had the steady green signal and as she was proceeding through the intersection she heard a boom and everything was blank and she stated her vehicle was pushed into two parked vehicles, causing damage to the entire front end of her vehicle. V3 [REDACTED], a [REDACTED] which is owned by [REDACTED]										27		
9	8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only										28		
10	A L L I N V O L V E D										29		
11	Officer's Rank and Signature OFFICER [Signature] Print Name in Full ZACHARY P AMBROSE Badge/ID No. 0172 NCIC No. 03202 Precinct/Post Troop/Zone Station/Beat Sector Reviewing Officer Date/Time Reviewed										30		

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes

19-32544

JOPC559WW26K

☐ AMENDED REPORT

1	Accident Date Month 8 Day 24 Year 2019	Day of Week Saturday	Military Time 18:55	No. of Vehicles 4	No. Injured 2	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19	
2	VEHICLE				<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						20

2	VEHICLE 1 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	VEHICLE 2 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	21
3	VEHICLE 3 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	VEHICLE 4 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	22
4	VEHICLE 5 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	VEHICLE 6 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	23
5	VEHICLE 7 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	VEHICLE 8 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	24
6	VEHICLE 9 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	VEHICLE 10 Driver Name: [REDACTED] Address: [REDACTED] City/Town: [REDACTED] State: [REDACTED] Zip: [REDACTED]	25

7	VEHICLE 1 Damage Codes: Box 1: [REDACTED] Box 2: [REDACTED] Enter up to three more damage codes: Vehicle By: [REDACTED] Towed To: [REDACTED]	VEHICLE 2 Damage Codes: Box 1: [REDACTED] Box 2: [REDACTED] Enter up to three more damage codes: Vehicle By: [REDACTED] Towed To: [REDACTED]	26
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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 |



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

1. Rear End	3. Left Turn	4. Right Angle	5. Right Turn	7. Head On
2. Sideswipe (same direction)	6. Left Turn	8. Right Turn	9. Sideswipe (opposite direction)	

ACCIDENT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than \$1000.

☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker	Coordinates (if available) Latitude/Northing	Place Where Accident Occurred: County ONEIDA <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
	Longitude/Easting	Road on which accident occurred at 1) Intersecting street (Route Number or Street Name) or 2) _____ (Route Number or Street Name) _____ feet _____ miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

[REDACTED] stated his vehicle was parked in the driveway of [REDACTED] when it was struck by another vehicle that was involved in a MVA at the intersection of Pleasant Street and Elm Street, causing damage to the driver's side front and rear doors. V4 [REDACTED] a [REDACTED] which is owned by [REDACTED] stated his vehicle was parked in the driveway of [REDACTED] Street when it was struck by another vehicle that was involved

8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all Involved	Date of Death Only
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
X												
Y												
Z												
Officer's Rank and Signature	OFFICER [Signature]	Badge/ID No.	NCIC No.	Preclnt/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed					
Print Name in Full	ZACHARY P AMBROSE	0172	03202									

Local Codes

19-32544

J0PC559WW26K

☐ **AMENDED REPORT**

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

Accident Date Month Day Year		Day of Week		Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene	Left Scene	Police Photos										
8 24 2019		Saturday		18:55	4	2	0	Accident Reconstructed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
VEHICLE						<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN														
VEHICLE 1 - Driver License ID Number State of NY Driver Name Address As posted or license number Address (include Number and Street) City, State, Zip Date of Birth Sex Height Weight Eyes Hair Color Occupants Vehicle was pulled over by location Address (include Number and Street)						VEHICLE 2 - Driver License ID Number State of NY Driver Name Address As posted or license number Address (include Number and Street) City, State, Zip Date of Birth Sex Height Weight Eyes Hair Color Occupants Vehicle was pulled over by location Address (include Number and Street)														
VEHICLE 3 - Driver License ID Number State of NY Driver Name Address As posted or license number Address (include Number and Street) City, State, Zip Date of Birth Sex Height Weight Eyes Hair Color Occupants Vehicle was pulled over by location Address (include Number and Street)						VEHICLE 4 - Driver License ID Number State of NY Driver Name Address As posted or license number Address (include Number and Street) City, State, Zip Date of Birth Sex Height Weight Eyes Hair Color Occupants Vehicle was pulled over by location Address (include Number and Street)														
Plate Number State of NY Vehicle Color Make Model Year Towed to						Plate Number State of NY Vehicle Color Make Model Year Towed to														
Check if involved vehicle: <input type="checkbox"/> more than 8 feet wide <input type="checkbox"/> more than 8 feet long <input type="checkbox"/> operated with an overweight permit <input type="checkbox"/> operated with an overload permit VEHICLE DAMAGE CODING: 1-13 SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER						Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. <table border="1"><tr><td>Rear End 1. ←←</td><td>Left Turn 3. ↙</td><td>Right Angle 4. ↓</td><td>Right Turn 5. →↘</td><td>Head On 7. →←</td></tr><tr><td>Sidewipe (same direction) 2. ←→</td><td>Left Turn 6. ↙</td><td></td><td>Right Turn 8. →↘</td><td>Sidewipe (opposite direction) 9. →←</td></tr></table> ACCIDENT DIAGRAM: 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to determine <input type="checkbox"/> Yes <input type="checkbox"/> No					Rear End 1. ←←	Left Turn 3. ↙	Right Angle 4. ↓	Right Turn 5. →↘	Head On 7. →←	Sidewipe (same direction) 2. ←→	Left Turn 6. ↙		Right Turn 8. →↘	Sidewipe (opposite direction) 9. →←
Rear End 1. ←←	Left Turn 3. ↙	Right Angle 4. ↓	Right Turn 5. →↘	Head On 7. →←																
Sidewipe (same direction) 2. ←→	Left Turn 6. ↙		Right Turn 8. →↘	Sidewipe (opposite direction) 9. →←																
Reference Marker		Coordinates (if available) Latitude/Northing Longitude/Easting		Place Where Accident Occurred: County ONEIDA City Village Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) Intersecting street _____ (Route Number or Street Name) or 2) _____ feet miles N S E W of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																
Accident Description/Officer's notes in a MVA at the intersection of Pleasant Street and Elm Street, causing damage to the entire back end of his vehicle. Per my investigation I determined the DV1 to be at fault for failing to stop at a steady red signal and failing to yield the right of way. Per further investigation DV1 was traveling at an estimate speed of 21mph which was obtained from a download from V1 from the ACM (Airbag Control Module). DV1 was also not utilizing his																				
8 9 10 11 12 13 14 15 16 17 BY TO 18						Names of all involved Date of Death Only														
A																				
B																				
C																				
D																				
E																				
F																				
Officer's Rank and Signature		OFFICER ZACHARY P AMBROSE		Badge/D No.		NCIC No.		Precinct/Post Troop/Zone		Station/Beat Sector		Reviewing Officer		Date/Time Reviewed						
Print Name in Full		ZACHARY P AMBROSE		0172		03202														

19-32544

J0PC559WW26K

☐ AMENDED REPORT

POLICE ACCIDENT REPORT

MV-104A (6/04)

Local Codes 19-32544		J0PC559WW26K		<input type="checkbox"/> AMENDED REPORT		MV-104A (6/04)		19																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
1 Accident Date Month 8 Day 24 Year 2019		Day of Week Saturday		Military Time 18:55		No. of Vehicles 4		No. Injured 2		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
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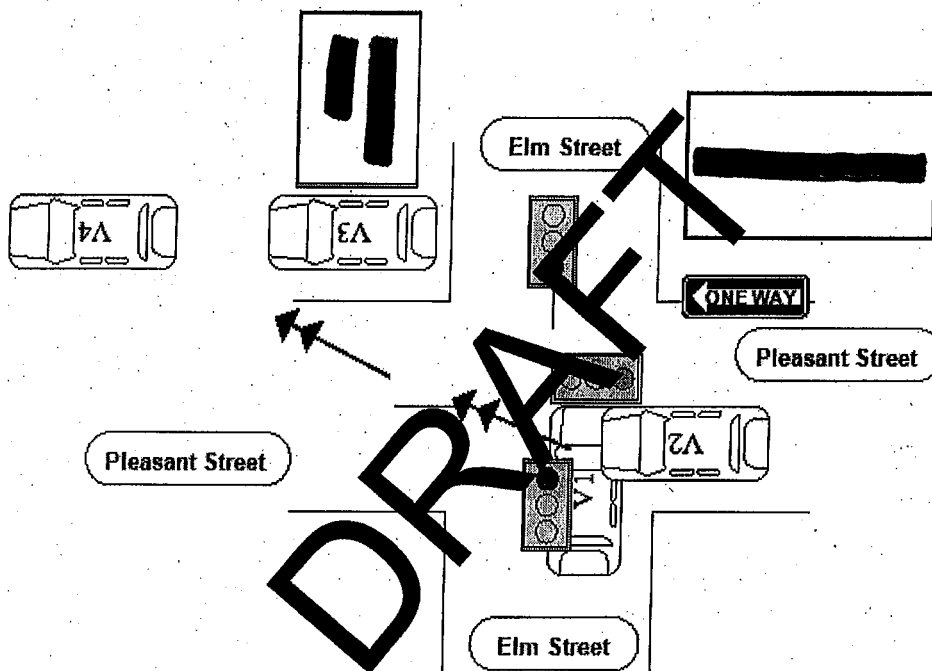
Local Codes
19-32544
J0PC559WW26K

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	<input type="checkbox"/> Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8	24	2019	Saturday	18:55	4	2	0			



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 19-32544
J0PC559WW26K

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
8 / 24 / 2019 Month Day Year	In Military Time 18:55	ONEIDA

NAMES OF DRIVERS: (Please Print or Type)

	Last	First	M.I.	State of Veh. Reg.	Plate Number	Driver License State	Driver License Number
VEH 1 <input type="checkbox"/>	LANZA	JOSEPH		NY	59	NY	
VEH 2 <input type="checkbox"/>							
VEH 3 <input type="checkbox"/>	PARKED						
VEH 4 <input type="checkbox"/>	PARKED						
VEH 5							
VEH 6							

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) 1.

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	Signature of Owner of Police Vehicle/Police Agency Representative	NCIC# 03202
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