

**Special Investigations and
Prosecutions Unit**

**Report on the Investigation into
The Death of Michael Rizzetta**



**Letitia James
NYS Attorney General**

EXECUTIVE SUMMARY

On July 8, 2015, Governor Andrew Cuomo signed Executive Order No. 147 (the “Executive Order”), appointing the Attorney General as special prosecutor “to investigate, and if warranted, prosecute certain matters involving the death of an unarmed civilian . . . caused by a law enforcement officer.” On November 17, 2018, Michael Rizzetta (“Mr. Rizzetta”) was struck by a marked police vehicle operated by Police Officer Keith Rosario (“PO Rosario”) of the Haverstraw Police Department (“HPD”). Governor Cuomo subsequently issued Executive Order No. 147.22, expressly conferring jurisdiction on the Attorney General to investigate any potential unlawful acts or omissions related to Mr. Rizzetta’s death.

PO Rosario was driving eastbound on State Route 202, approximately 250 feet west of Forest Drive, in the town of Haverstraw (Rockland County), at approximately 4:54 am¹ when he struck Mr Rizzetta, who was crossing the three-lane highway on foot. Mr. Rizzetta was wearing dark clothing as he attempted to navigate a roadway at an unlit location where there were no crosswalk markings, stop signs, or traffic signals. Based on the totality of the evidence, the Office of the Attorney General (“OAG”) finds that Mr. Rizzetta’s death was a tragic accident and was not the result of any unlawful acts or omissions by PO Rosario.

The OAG’s investigation and review of this matter included, among other investigative steps:

- Interviews of Investigator Adam B. Maillet (“Inv. Maillet”) from the New York State Police (“NYSP”) Troop F Collision Reconstruction Unit and Jason Cooper from the NYSP’s Forensic Video Multimedia Service Unit;
- Interviews of Emergency Medical Technicians who responded to the crash scene and transported Mr. Rizzetta to the hospital;
- Interviews of Mobil gas station employees where the incident occurred;
- Interview of Kurt Kessel, the Vice President of Engineering for Mobile Vision Dash Cam manufacturer;
- Interview of PO Rosario, who was operating the HPD vehicle;
- Inspection of the vehicle driven by PO Rosario, and review of the collision reconstruction report;
- Personal inspection of the location of the incident;
- Review of video footage of the incident, which was consistent with the accounts of PO Rosario and other witnesses;

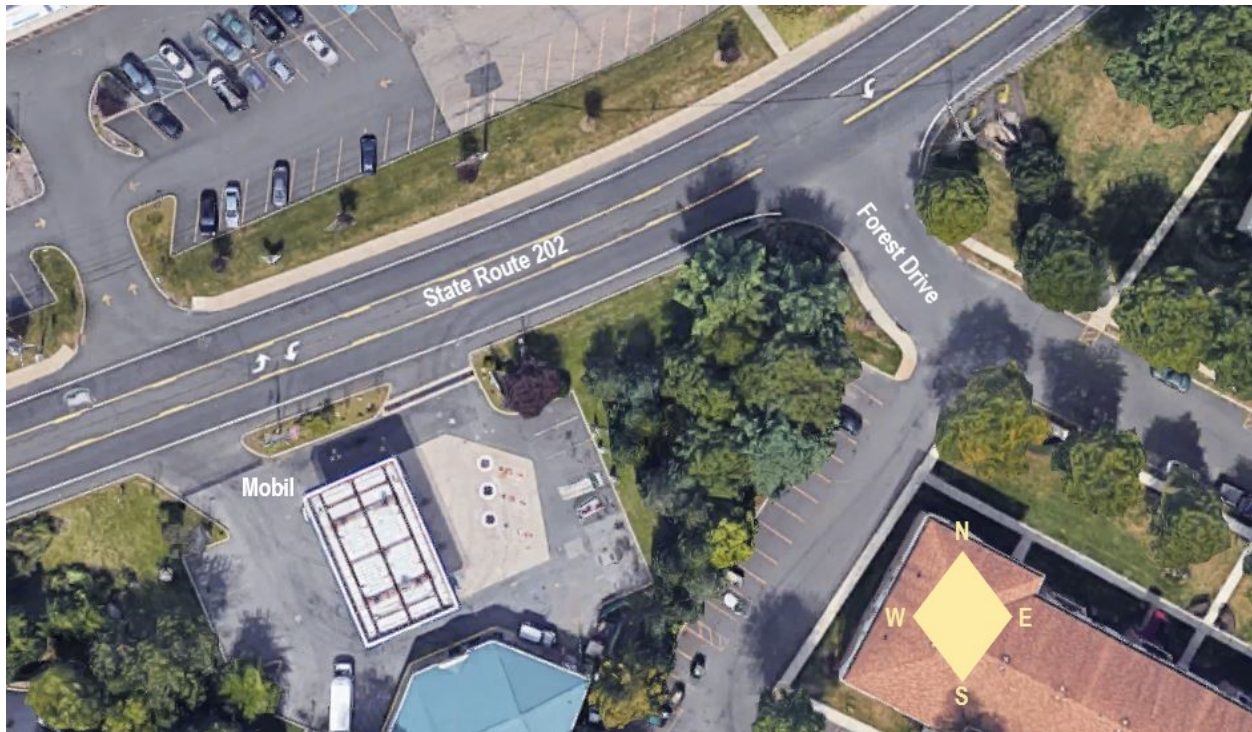
¹ This is an approximate time based on the GPS report of PO Rosario’s vehicle. There is a difference of approximately four minutes reported in the accident reconstruction report.

- Review of the Rockland County Medical Examiner’s Report, including the autopsy and toxicology results of blood and urine taken from Mr. Rizzetta, which show that Mr. Rizzetta was not under the influence of alcohol or drugs at the time of the collision;
- PO Rosario’s breathalyzer results, which show he was not under the influence of alcohol during the collision;
- An analysis of PO Rosario’s cell phone records, which show that he had not been using his phone while driving prior to or at the time of the collision;
- Review of PO Rosario’s Police Department Vehicle Global Positioning System (“GPS”) Report, which determined that he was driving one mile over the speed limit at the time of the collision;
- Review of all records relating to the incident generated by the HPD.

STATEMENT OF FACTS²

This incident unfolded at approximately 4:54 am in front of a Mobil gas station located on State Route 202 approximately two hundred fifty feet (250 ft.) west of Forest Drive (see picture below). State Route 202 at the collision scene is a three-lane roadway oriented in a general east/west manner. There is a single lane designated for eastbound traffic and a single lane designated for westbound traffic, separated by a two-way left turn lane in the center of the roadway designed for left turning vehicles traveling in either direction. The eastbound and westbound lanes are separated from the two-way left turn lane by a solid yellow lane line with broken yellow lines on the inside portion of the two-way left turn lane. There are paved shoulders bordering each travel lane, and they are demarcated by a single, solid white (fog) line. All roadway lines are intact and clearly visible. The nearest crosswalk designated for pedestrians crossing State Route 202 is located approximately three hundred feet (300 ft.) west of the collision scene. There are no stop signs or traffic lights where the collision occurred. The posted speed limit of the roadway is 40 miles per hour (MPH).

² None of the materials described in this report were obtained using Grand Jury subpoenas.



A. Collision

On the day of the incident, PO Rosario was working as a patrol officer on the 12:00 am to 8:00 am shift. At about 4:53 am, PO Rosario began driving back to the police station after completing an assignment to transport a homeless person to a shelter. As he was approximately two blocks away from the police station, he heard a “blast” and noticed broken glass inside his vehicle. He then applied the brakes and heard something slide off his vehicle prior to coming to a complete stop.

B. Post-Collision

PO Rosario stopped his vehicle immediately and activated his emergency lights. When PO Rosario stepped to the rear of his vehicle to investigate, he realized that he had struck a person wearing a dark coat with a hood on his head. He immediately radioed for medical assistance and started rendering Cardio Pulmonary Resuscitation.³ Emergency Medical Technicians and Paramedics arrived to the scene within ten minutes and continued to render medical aid while they transported Mr. Rizzetta to Nyack Hospital in Rockland County. Mr. Rizzetta was declared dead at Nyack Hospital on November 17, 2018 at 6:10 am.

³ In addition to PO Rosario having been a police officer with the Town of Haverstraw Police Department for approximately 16 years, he has also been a licensed paramedic for 28 years.

C. Analysis of PO Rosario's Blood, Cellphone and Vehicle's GPS

PO Rosario voluntarily submitted to testing of his blood alcohol content on a DataMaster DMT⁴ at approximately 8:23 am. The result was negative for alcohol.⁵

OAG subpoenaed PO Rosario's cell phone records to determine whether he was speaking or texting at the time of the incident. An analysis of PO Rosario's cell phone records revealed that he was not using his cell phone at the time of the incident. In fact, the analysis showed that he had not used his cell phone for almost two hours prior to the collision.

The police vehicle being driven by PO Rosario had a GPS installed, which tracked the vehicle for instantaneous speed and location data. An analysis of the report produced by the GPS installed in PO Rosario's vehicle showed that at the time of the collision, the vehicle was traveling at 41 miles per hour.⁶ The posted speed limit for the area of the collision is 40 miles per hour.

D. Medical Examiner's Report

On November 19, 2018, Dr. Laura S. Carbone of the Rockland County Medical Examiner's Office performed the autopsy on Mr. Rizzetta.⁷ Mr. Rizzetta was a White male who was 69 years old and was 74 inches in height and weighed approximately 170 pounds.

Dr. Carbone found the cause of death to be: "multiple blunt impact injuries of the head, neck, torso and right lower extremity with skull and skeletal fractures, organ lacerations and hemorrhage due to pedestrian struck by Police vehicle. Other significant conditions contributing to death but not related to the cause given above: Chronic obstructive pulmonary disease."⁸

Toxicological analysis of Mr. Rizzetta's blood revealed no evidence of drugs or alcohol in Mr. Rizzetta's system.⁹

⁴ The DataMaster DMT is a scientific instrument designed to analyze a sample of a person's breath and determine the Breath Alcohol Concentration (BrAC) in that sample.

⁵ These results are attached hereto as Exhibit 1.

⁶ The analysis is attached hereto as Exhibit 2.

⁷ The autopsy report is attached hereto as Exhibit 3.

⁸ Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and refractory (non-reversible) asthma. This disease is characterized by increasing breathlessness. See <https://www.copdfoundation.org/What-is-COPD/Understanding-COPD/What-is-COPD.aspx>

⁹ The toxicology report is attached hereto as Exhibit 4.

E. Video Evidence¹⁰

The collision occurred in front of a Mobil gas station located on State Route 202. Investigators retrieved video recordings from two surveillance cameras mounted outside of the Mobil gas station and also a recording from PO Rosario's dashboard camera ("dash cam"). Both surveillance cameras were approximately 30 feet apart and pointed at State Route 202. Due to the lack of lighting at the collision scene at the time of the incident, and the position of the gas pumps, it is extremely difficult to see Mr. Rizzetta's whereabouts or how he was positioned prior to being struck by PO Rosario's vehicle. Both videos were submitted to the NYSP Forensic Video Multimedia Service Unit for visual enhancement. The NYSP was able to brighten the foreground of the video image, highlighting the front of the gas station where the gas pumps are located. However, the background, where Mr. Rizzetta was struck, remained dark. The enhanced video shows PO Rosario's vehicle driving east bound with his headlights on, Mr. Rizzetta rolling off of the hood of the vehicle, and then vehicle coming to a full stop immediately.

PO Rosario's vehicle was also equipped with a L3 Mobile Vision Flash Back #2 dash cam mounted on the dashboard. The force of the impact caused the dash cam to dismount from the dashboard. The dash cam only captured audio from the last 15 seconds prior to the impact. The dash cam captured PO Rosario listening to his commercial radio and then blurted something unintelligible.

OAG sent the dash cam and its video file to both the NYSP and Mobile Vision for analysis. The NYSP was unable to retrieve any images from the dash cam. According to Kurt Kessel, the Vice President of Engineering at Mobil Vision, the video file passed all of their integrity checks and appeared to have been operating correctly. Mobile Vision engineers concluded that the video file was totally intact and had not been altered since the recording was taken. Kurt Kessel did note that the camera was in the Night Watch mode when it was received. According to Kurt Kessel, Night Watch mode is a mode where the camera reduces the frame rate which allows more light to the image. The net effect is better night vision, but more jerky motion. This is made for a surveillance situation where the vehicle is not moving. However, Mobile Vision engineers could not determine why the camera did not record any video footage.

F. New York State Police Collision Reconstruction Report¹¹

At the request of HPD, on November 17, 2018, at approximately 9:00 am, Investigator Adam B. Maillet of the NYSP Troop F Collision Reconstruction Unit arrived at the collision scene. The weather and roadway surface at the time of the investigation was consistent with conditions reported to be present at the time of the collision, and those conditions consisted of cloudy skies, a dry roadway, and the air temperature was approximately 43 degrees Fahrenheit. The nearest crosswalk designated for pedestrians crossing State Route 202 is located approximately three hundred feet (300 ft.) west of the collision scene. There are no stop signs or traffic lights where the collision occurred. The posted speed limit of the roadway is 40 miles per hour (MPH).

¹⁰ The video footage can be viewed [here](#).

¹¹ The report is attached hereto as Exhibit 5.

Utilizing details pertaining to the initial investigation, coupled with the on-scene investigation, Inv. Maillet drew the following conclusions:

Mr. Rizzetta was walking in a southerly direction, crossing State Route 202 approximately two hundred fifty feet (250 ft.) west of Forest Drive. PO Rosario was operating marked Town of Haverstraw Police vehicle #5326, a 2013 Ford Explorer, eastbound on State Route 202. The right front corner of the Ford struck Mr. Rizzetta on his right side. Mr. Rizzetta's body wrapped onto the hood of the Ford and his head struck the lower right corner of the windshield. Following the collision, the Ford came to a position of controlled final rest within the eastbound lane of travel. After being struck, Mr. Rizzetta was projected in an easterly direction and came to a position of uncontrolled final rest along the southern fog line. Mr. Rizzetta was within the eastbound lane when he was struck by PO Rosario.

The roadway, in the area of the collision, was sparsely lit by artificial ambient lighting from nearby street lights and a Mobil gas station on the south side of the roadway. However, there was minimal benefit from this lighting on the portion of the roadway in the area of impact, which likely affected the contrast (ratio of luminance from a target to the luminance from the target's surrounding) and conspicuity (likelihood that a driver will notice a certain target at a given distance against a certain background) of Mr. Rizzetta.

Conspicuity and contrast issues were present. Mr. Rizzetta was wearing a dark colored jacket, pants, hat, and shoes, none of which were clad with any retro-reflective material. Inv. Maillet concluded that there was no indication that PO Rosario took any evasive action prior to this collision, which suggests that PO Rosario was unable to perceive the hazard and have sufficient time to react prior to impact with Mr. Rizzetta.

LEGAL ANALYSIS

A comprehensive review of the evidence demonstrates that the collision and Mr. Rizzetta's death was a tragic accident. PO Rosario was operating his vehicle reasonably and within his designated lane. PO Rosario had the right of way; visibility was poor; and there are no stop signs or traffic lights at the collision location. The nearest crosswalk designated for pedestrians crossing State Route 202 is located approximately three hundred feet (300 ft.) west of the collision scene.

PO Rosario was not under the influence of alcohol. Moreover, he was not texting or speaking on his phone either immediately before or during the incident. And while HPD's vehicle GPS report shows that PO Rosario was driving one mile over the speed limit; there is no evidence that his speed contributed to the collision. There is a great deal of case law addressing the criminal culpability of individuals whose driving results in someone's death. Broadly speaking, that case law makes clear that to find a driver guilty of even criminally negligent homicide (which involves the least culpable category of *mens rea*) requires more than merely exceeding the legal speed limit, even substantially exceeding the speed limit. Rather, "it takes some additional affirmative act by the defendant to transform 'speeding' into 'dangerous speeding'; conduct by which the defendant exhibits the kind of 'serious[ly] blameworth[y]' carelessness whose 'seriousness would be apparent to anyone who shares the community's general sense of right and wrong' (*Boutin*, 75 NY2d at 696 [citations omitted])," *People v. Cabrera*, 10 N.Y.3d 370 (2008). Therefore, he was

not traveling at an unreasonable speed. Mr. Rizzetta, wearing dark, non-reflective clothing, crossed a two lane highway at a sparsely lit location lacking a cross walk, stop sign or traffic signals before being struck by PO Rosario in the eastbound lane of Route 202.

Based on the facts of his case, we find that the death of Mr. Rizzetta was a tragic accident for which there is no criminal culpability.

EXHIBIT 1

SUBJECT TEST

HAVERSTRAW TOWN
POLICE DEPT
DATAMASTER dmt: 108508

Date: 11/17/2018

OPERATOR NAME:
BRIAN M HOROWITZ
OPERATOR PERMIT NUMBER: 36338
OPERATOR AGENCY/DEPT:
STONY POINT POLICE DEPT
REFERENCE STANDARD NUMBER:
18230

---BREATH ANALYSIS---

BLANK TEST	0.00	08:22
INTERNAL STANDARD	VERIFIED	08:22
SUBJECT SAMPLE	0.00	08:22
BLANK TEST	0.00	08:23
REFERENCE STANDARD TEMP	34.03c	
REFERENCE STANDARD	0.10	08:23
BLANK TEST	0.00	08:24

I, PO Brian M. Horowitz, am employed by the Stony Point PD, a government agency, and, having been delegated by my employer to do so, certify that the above record of blood alcohol content analysis was made in the regular and ordinary course of business of this agency; that it is the regular and ordinary course of business of this agency to perform analysis of blood alcohol content and to make records of such analysis at the time they are performed; that the entries appearing on the above record were made at or soon after the time of the acts, transactions, occurrences, or events stated thereon; that this record, if a copy, is a complete and exact duplicate of the original thereof; and that it is part of my employment responsibilities to maintain custody or control of this record.

11/17/2018
Date

PO Brian M. Horowitz #660
Signature

Police Officer
Title

Operator Name, Rank and Department:
PO Brian M. Horowitz #660 Stony Point PD

Permit Number:
36338

EXHIBIT 2

Stops Report for Town of Haverstraw

Start Date/Time : 11/17/2018 4:00:00 AM
 End Date/Time : 11/17/2018 11:59:59 PM

Stop Threshold : 5 min. Show Route : True Show Idle : False

Reading Time	Location	Event	Stop	Speed	Distance
5326					
Nov 17, 2018 04:00AM	<u>2 Wolff Rd, Stony Point, NY</u>	Movement Continued	18 mph	0.38 mi	
Nov 17, 2018 04:01AM	<u>383 Call Hollow Rd, Stony Point, NY</u>	Movement Continued	21 mph	0.34 mi	
Nov 17, 2018 04:02AM	<u>383 Call Hollow Rd, Stony Point, NY</u>	Movement Stopped	16m 45s		
Nov 17, 2018 04:18AM	<u>405 Call Hollow Rd, Stony Point, NY</u>	Movement Continued	35 mph	0.13 mi	
Nov 17, 2018 04:19AM	<u>491 Willow Grove Rd, Stony Point, NY</u>	Movement Continued	39 mph	0.55 mi	
Nov 17, 2018 04:21AM	<u>Willow Grove Rd, Stony Point, NY</u>	Movement Continued	36 mph	0.64 mi	
Nov 17, 2018 04:22AM	<u>Letchworth Village Rd, Thiells, NY</u>	Movement Continued	26 mph	0.49 mi	
Nov 17, 2018 04:23AM	<u>Thiells Mt Ivy Rd, Thiells, NY</u>	Movement Continued	12 mph	0.46 mi	
Nov 17, 2018 04:24AM	<u>4 Locust Dr, Thiells, NY</u>	Movement Continued	36 mph	0.44 mi	
Nov 17, 2018 04:25AM	<u>5 Rosman Rd, Thiells, NY</u>	Movement Continued	29 mph	0.55 mi	
Nov 17, 2018 04:26AM	<u>6 Rosman Rd, Garnerville, NY</u>	Movement Stopped	09m 49s		
Nov 17, 2018 04:36AM	<u>Rosman Rd, Garnerville, NY</u>	Movement Continued	24 mph	0.30 mi	
Nov 17, 2018 04:37AM	<u>109 W Ramapo Rd, Pomona, NY</u>	Movement Continued	28 mph	0.47 mi	
Nov 17, 2018 04:38AM	<u>268 US-202, Pomona, NY</u>	Movement Continued	41 mph	0.74 mi	
Nov 17, 2018 04:39AM	<u>RT-45, Pomona, NY</u>	Movement Continued	24 mph	0.59 mi	
Nov 17, 2018 04:39AM	<u>1049 RT-45, Pomona, NY</u>	Movement Continued	37 mph	0.10 mi	
Nov 17, 2018 04:40AM	<u>993 RT-45, Pomona, NY</u>	Movement Continued	46 mph	0.76 mi	
Nov 17, 2018 04:41AM	<u>927 RT-45, Pomona, NY</u>	Movement Continued	45 mph	0.80 mi	
Nov 17, 2018 04:42AM	<u>Saratorium Rd, Pomona, NY</u>	Movement Continued	31 mph	0.43 mi	
Nov 17, 2018 04:43AM	<u>50 Sanatorium Rd, Pomona, NY</u>	Movement Stopped	06m 07s		
Nov 17, 2018 04:49AM	<u>9 Rella Dr, New City, NY</u>	Movement Continued	9 mph	0.21 mi	
Nov 17, 2018 04:50AM	<u>80 Sanatorium Rd, Pomona, NY</u>	Movement Continued	39 mph	0.36 mi	
Nov 17, 2018 04:51AM	<u>RT-45, Pomona, NY</u>	Movement Continued	51 mph	0.80 mi	
Nov 17, 2018 04:52AM	<u>1040 RT-45, Pomona, NY</u>	Movement Continued	38 mph	0.81 mi	
Nov 17, 2018 04:53AM	<u>315 US-202, Pomona, NY</u>	Movement Continued	40 mph	0.59 mi	
Nov 17, 2018 04:54AM	<u>189 W Ramapo Rd, Pomona, NY</u>	Movement Continued	41 mph	0.67 mi	
Nov 17, 2018 11:26AM	<u>109 W Ramapo Rd, Pomona, NY</u>	Ignition Off		0.38 mi	
Nov 17, 2018 11:39AM	<u>131 Thiells Mt Ivy Rd, Thiells, NY</u>	Ignition On			
Nov 17, 2018 11:41AM	<u>131 Thiells Mt Ivy Rd, Thiells, NY</u>	Ignition Off	12h 18m		



Report brought to you by: Vehicle Tracking Solutions
 (631) 586-7400

Stops Report for Town of Haverstraw

Start Date/Time : 11/17/2018 4:00:00 AM
End Date/Time : 11/17/2018 11:59:59 PM

Stop Threshold : 5 min. Show Route : True

Show Idle: False

Totals for 5326 Number of stops: 3

12h
50m 11.98 mi



Report brought to you by: Vehicle Tracking Solutions
(631) 586-7400

EXHIBIT 3

ROCKLAND COUNTY
OFFICE OF THE MEDICAL EXAMINER
50 Sanatorium Road, Building A
POMONA, NEW YORK 10970
Telephone (845) 364-2826 Fax (845) 364-2896

Laura S. Carbone, M.D.
Chief Medical Examiner

Re: Death of **RIZZETTA, Michael (18/1426)** which occurred at
Montefiore Nyack Hospital, 160 N. Midland Avenue, Nyack, NY on
Saturday, November 17, 2018 at 6:10 a.m.

An investigation of the above death has been made.

The cause of death is:

Multiple blunt impact injuries of head, neck, torso and right
lower extremity with skull and skeletal fractures, organ
lacerations and hemorrhage due to pedestrian struck by Police
vehicle

**Other significant conditions contributing to death but not related
to cause given above:**

Chronic obstructive pulmonary disease

MANNER OF DEATH: Accident

Laura S. Carbone, M.D.
Laura S. Carbone, M.D.
Chief Medical Examiner

*This report is not certified unless each page is embossed with
the Medical Examiner's seal.*

OFFICE OF THE MEDICAL EXAMINER

Rockland County, N.Y.

AUTOPSY REPORT

Name RIZZETTA, Michael
Case # 18/1426
Date Pronounced November 17, 2018
Autopsy Date November 19, 2018

CERTIFICATION

I hereby certify that I, Laura S. Carbone, M.D., Chief Medical Examiner, have performed an external examination and autopsy on the identified, unembalmed and refrigerated body of Michael Rizzetta on Monday, November 19, 2018, commencing at 10:30 a.m. at the Rockland County Medical Examiner's Office, with the assistance of Senior Medical Investigator MacIsaac and Medical Investigator Kohlhepp. Also present at the autopsy are Investigators Adam Maillet and Brian Hunter of the New York State Police Collision Reconstruction Unit.

IDENTIFICATION

Identification was established at the hospital (Nyack).

INCIDENT

This is the case of a 69-year-old White male who was a pedestrian struck by a Haverstraw Police vehicle (Ford Explorer) while crossing Route 202 near West Ramapo Road in Haverstraw, NY on the early morning of Saturday, November 17, 2018. Police and paramedics were contacted and responded; the subject was transported to Nyack Hospital Emergency Room and subsequently pronounced dead at 6:10 a.m.

As per the Haverstraw Police and NYSP Accident Reconstruction team, the subject was wearing dark clothing and had been walking south across Route 202 in Haverstraw, NY in front of the "Mobile on the Go" when he was struck by a Haverstraw Police motor vehicle heading eastbound on Route 202 en route back to the Haverstraw Police station for a call. The posted speed limit is

Joe

40 mph. There were no signs of braking on the road surface. Pieces of broken glass, plastic, two black sneakers and a wool hat/cap were documented at the scene. The police vehicle showed minor front end damage at the center, near the front license plate, right front and right hood and showed a head imprint and shattering of glass in the bottom of the windshield on the right passenger side.

According to all the available investigative information, the subject had no known significant past medical history. He did have a history of heavy cigarette smoking. As per his sister, he was shot in the abdomen approximately 50 years ago while employed as a taxi driver in the Bronx, NY. He resided in the Rockland Motel and was employed as a Student Bus driver.

RADIOGRAPHS

Post mortem X-rays of the torso are performed which show multiple rib and vertebral column fractures and a radiodense projectile in the left hip region.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, slender, average-framed, 74" in height, 170 lbs. in weight, White male, whose appearance is consistent with the given age of 69 years. There are multiple blunt impact injuries (see below).

The straight, fine, gray scalp hair averages $\frac{3}{4}$ " at the sides and back of the head and is associated with significant frontal and vertex balding. Blood is on the face. The eyes have clear corneas. The irides are gray and the pupils are round and symmetrical measuring 0.6 cm each in diameter. The conjunctivae and sclerae are pale without congestion, hemorrhage, petechiae or jaundice. The oral cavity has natural, intact teeth in fair condition and repair. The oral mucosa is atraumatic. Blood is within the nose and mouth. The auditory canals are clear.

The neck is slender and symmetrical. Abnormal mobility/laxity is detected with manipulation.

The chest is markedly flattened and concave and shows multiple injuries. The abdomen is flat and soft and remarkable for a vertically-oriented, mostly midline, linear, hypopigmented scar measuring 5" in length and up to $\frac{3}{4}$ " in width. The external genitalia are that of an unremarkable circumcised adult male.

The upper extremities show no hyperpigmented linear scars overlying subcutaneous veins (track marks). There is a tattoo with an inscription ("Honor") overlying a gray-black rectangle on the dorsal aspect of the right forearm. The fingernails are short and unremarkable. The right leg is shortened and malrotated below the knee. The ankles show no swelling or pitting edema. The feet, toes and toenails are unremarkable.

POST MORTEM CHANGES

There is slight, symmetrical rigor mortis of the upper and lower extremities, neck and jaw. The lividity is dark red and fixed on the back. The body is cool.

CLOTHING AND PERSONAL PROPERTY

The body is received from the hospital with garments and items underneath him as follows: a blue and black plaid, faux-fur lined winter jacket, a multicolored heavy sweater, a gray T-shirt and a blue fitted bedsheet. The T-shirt has been previously cut during resuscitative efforts. The garments and sheet show patchy bloodstains. The Recovered from various pockets are U.S. currency coins totaling \$7.50 and a keyring holding a key and pendant.

TERMINAL MEDICAL ATTENTION/THERAPEUTIC PROCEDURES

An endotracheal tube is in the mouth. A C-collar encircles the neck. Chest tubes are inserted on both sides of the chest; the tubes are sutured in place and contain bloody fluid. A triple-lumen catheter is in the right inguinal fossa and intravascular catheters are inserted in the left antecubital fossa and radial aspect of the left wrist; the left distal forearm and wrist are wrapped by a gauze bandage. A gauze bandage is taped to the right elbow.

RECENT INJURIES, EXTERNAL AND INTERNAL

There are multiple blunt impact injuries of the head and neck, torso and right lower extremity. These injuries are described by body region below and are labeled "A"- "C" for descriptive purposes only; no sequence is implied.

A. HEAD AND NECK

The face shows numerous, small, pink-red to dark red abraded contusions and/or abrasions, mostly involving much of the right side of the face, including the forehead, right cheek, nasal bridge and tip of the nose. There are two lacerations involving the right eye/eyebrow. One is a crescentic, 1½", full-thickness deep laceration across the right eyebrow; the wound has a flap showing upward undermining and contains tiny fragments of gray-black metal. Approximately ¼" above this on the lower right forehead is a semi-circular, 1½" full-thickness laceration; the wound exposes right frontal skull which has depressed fractures. The medial aspect of the left eye is remarkable for a ½" superficial laceration. There are bilateral, pink-gray peri-orbital ecchymoses, left more than right. The nose and right zygoma are palpably fractured. There is a 2" diameter, dark pink-red abrasion on the right parietal scalp which is adjacent to a 1" bulging mass on the right parieto-occipital scalp; when the scalp is reflected, dark red blood pours from the wound. There is extensive bilateral subscalpular hemorrhage and cephalohematoma (involving the frontal and parietal regions), greater on the right side, measuring up to 5" greatest diameter. The cranium is remarkable for depressed fractures of the right frontal skull (as above) which radiate transversely across the middle-cranial fossae (hinge-type fracture) and are associated with shattering of the left orbital plate. Unquantified blood is accumulated in the the cranial vault (acute epidural and subdural hemorrhages). The brain is remarkable for diffuse subarachnoid hemorrhages and fracture contusions/lacerations on the basilar surfaces of both frontal lobes. Blood exudes from the foramen magnum.

There is abnormal mobility and crepitation at the level of the head/upper neck junction and more caudally. The atlanto-occipital joint shows a palpable dislocational fracture with superficial laceration of the corresponding upper cervical spinal cord associated with extensive hemorrhage into the pre-vertebral soft tissues. There are at least two - three discrete fractures of the anterior aspects of the mid-lower cervical spine, involving the vertebral bodies of C5-C7, which are also associated with pre-vertebral hemorrhage.

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B. TORSO

The anterior chest is grossly crushed and bilateral ribs are palpably fractured. Dry yellow to yellow-pink abrasions are concentrated on the right side of the anterior torso in a 12" (vertical) x 7" horizontal area. On the sub-xiphoid upper abdomen, just left of the midline, is a 2½" diameter area of coalescing abrasions which has a circular pattern suggestive of an imprint. There is abnormal mobility of the pelvis associated with a large area of pink-purple ecchymosis involving the right buttock and hip. The phallus and scrotum show discrete and coalescing red-pink abrasions.

There is extensive hemorrhage into the thoracic musculature associated with bilateral serial rib fractures, mostly along the mid-clavicular lines. The mediastinum and right anterior chest wall show accumulated hemorrhages. The pericardial sac is intact and contains scant bloody fluid. The heart is remarkable for a ½", full thickness laceration of the left atrium associated with overlying epicardial hemorrhage which extends into the mediastinum. The thoracic aorta is atraumatic. Both lungs show basilar contusions without discrete lacerations. There is complete, transverse fracture of the mid-thoracic vertebral body (approximately T4) column, associated with surrounding soft tissue, pre-vertebral hemorrhage and laceration of the corresponding spinal cord. The diaphragm is intact. Each hemithorax contains approximately 50 cc of blood (hemothorax), status-post bilateral chest tube placements and drainage.

There are superficial lacerations involving the liver and spleen. The stomach and intestine are intact. However, there are scattered foci of mesenteric hemorrhage and a large accumulation of right retroperitoneal hematoma. The kidneys are atraumatic. There is complete transverse fracture of the lumbar vertebral column associated with transection of the corresponding spinal cord. There are numerous, crushing fractures of the pelvic bones, most severely involving the right iliac crest and bilateral anterior rami. The pelvic fractures are associated with hemorrhage into the surrounding pelvic soft tissues and psoas muscles, right more than left. The pelvic viscera are intact. Approximately 200 cc of hemorrhage is accumulated in the peritoneal cavity (hemoperitoneum).

Loe

C. EXTREMITIES

The skin of the upper extremities reveals multiple, small, pink-red ecchymoses concentrated on the left forearm and tiny abraded contusions on the dorsal surfaces of both hands. A gauze bandage on the left wrist/forearm covers superficial lacerations, the largest of which is linear, vertically-oriented, and measures up to 1½". There are no discrete fractures of upper extremity bones.

A pale purple-gray contusion is on the front of the right thigh. There are multiple, dry, red abrasions clustered on both knees and along the ventral aspect of the right lower leg, ranging from 1" to 3" in greatest dimensions each. The right lower leg is malrotated below the knee and remarkable for closed, displaced fractures involving the tibia and fibula, centered approximately 7" and 13" above the heel, respectively. The left popliteal fossa and both medial ankle surfaces show pale pink-gray contusions.

These injuries above, having been described, will not be repeated.

INTERNAL EXAMINATION

BODY CAVITIES

There are dense adhesions in the pleural and peritoneal cavities. The organs are mostly in their normal situs.

HEAD

The brain weighs 1420 grams. The brain is of normal size and shape without acute swelling or edema. The cerebral hemispheres are symmetrical with the usual pattern of sulci and gyri. The leptomeninges are thin and glistening without any exudates. The cerebral vessels are without aneurysms or atherosclerosis. The cranial nerves are normally distributed. The white and gray matter, deep nuclei and ventricles are unremarkable. The brainstem and cerebellum have the usual patterns on cut surface.

NECK

The tracheal and laryngeal cartilages are without recent trauma. The tongue is unremarkable and has no bite marks.

loc.

CARDIOVASCULAR SYSTEM

There are no adhesions from the pericardium to the epicardium. The heart is globular in configuration, weighs 450 grams and shows a normal amount of pericardial fat. Serial cross sectioning is made at 0.5 cm intervals along all the branches of the coronary arteries revealing diffuse calcification without significant occlusion ("pipe stem"). There is no recent thrombus. The myocardium is dark red-brown and firm without any focal fibrosis. The trabeculae carneae, papillary muscles and chordae tendineae are unremarkable and connected to pliable translucent valves. The valve circumferences measure as follows: tricuspid, 11 cm; pulmonic, 7.5 cm; mitral, 13 cm; aortic, 7.5 cm. Cardiac wall thicknesses are as follows: left ventricle, 1.5 cm; right ventricle, 0.4 cm and interventricular septum, 1.5 cm. There are no thrombi attached to the endocardial surfaces. There are no congenital anomalies noted. The foramen ovale is closed. The peripheral aorta has moderate to severe atherosclerosis with calcified plaques. The venae cavae and pulmonary arteries are without thrombosis or embolus.

RESPIRATORY SYSTEM

Both lungs are distended showing a dark red outer surface, encased by dense adhesions with extensive anthracotic mottling. Deep black discoloration of the perihilar pulmonary lymph nodes is noted. The right lung weighs 780 grams and the left lung weighs 815 grams. Serial cross sectioning shows a dark red cut surface which is remarkable for scattered anthracotic pigment deposits. There is no evidence of consolidations, cavitations or masses.

LIVER, GALLBLADDER, PANCREAS

The liver weighs 1670 grams and has a smooth capsule and a red-brown parenchyma with a firm texture; no fatty change, fibrosis or nodularities are noted. The gallbladder contains a few cc of green-yellow bile with several, dark green-yellow stones, including an egg-shaped stone measuring 2.5 cm maximum dimension and three multi-faceted stones measuring up to 1.2 cm in greatest dimension each. The pancreas is unremarkable in lobulation, color and texture.

HEMIC AND LYMPHATIC SYSTEM

The spleen weighs 80 grams. The color, red-white pulp and consistency are unremarkable. There are no enlarged lymph nodes. The bone marrow is unremarkable.

GENITO-URINARY SYSTEM

The right and left kidneys weigh 180 grams each and show diffuse cortical scarring consistent with nephrosclerosis. The ureters maintain uniform caliber into an unremarkable bladder. The bladder contains approximately 50 cc of amber colored cloudy urine.

The prostate is not enlarged. The testes are unremarkable.

ENDOCRINE SYSTEM

The pituitary, thyroid, and adrenal glands are normal in color, size and consistency.

DIGESTIVE SYSTEM

The esophagus and gastroesophageal junction are unremarkable. The stomach contains scant amount of tan, turbid, thick fluid without visible pills or foreign objects. The gastric mucosa, small intestine, and large intestine are unremarkable. The vermiform appendix is present. A small, clear, surgical drain (Jackson-Pratt-type) is within a dense fibrotic capsule, and adhesions within the left lower abdomen.

MUSCULOSKELETAL SYSTEM

There are multiple fractures (as above). The musculature is normally distributed and unremarkable.

HISTOLOGY

Tissues are retained.

TOXICOLOGY

Specimens are submitted for toxicological analysis. A separate report will be issued.

EVIDENCE

Post mortem photographs are taken and retained.

GROSS/ANATOMIC FINDINGS/FINAL DIAGNOSES

1. Multiple blunt impact injuries of head and neck, torso and extremities; pedestrian struck by Police vehicle
 - a. Head and neck
 - i. Facial bone and skull fractures
 - ii. Atlanto-occipital dislocation and fractures of mid-lower cervical spine
 - iii. Lacerations of cervical spinal cord with epidural hemorrhage
 - iv. Subarachnoid hemorrhages, diffuse
 - v. Fracture contusions/lacerations, basilar surfaces of both temporal lobes
 - vi. Intracranial hemorrhage and blood from foramen magnum
 - vii. Subscalpular hemorrhage and cephalohematoma
 - viii. Abraded contusions, abrasions and lacerations on face, right-sided
 - ix. Abrasion on scalp, right parietal
 - x. Periorbital ecchymoses
 - b. Torso
 - i. Fractures of bilateral ribs, vertebral column (mid-thoracic and lumbar) and pelvis
 - ii. Lacerations of heart, spinal cord, liver and spleen
 - iii. Soft tissue hemorrhages
 - iv. Hemothorax (50 cc each pleural cavity) and hemoperitoneum (50 cc)
 - v. Laceration of abdomen along recent surgical scar
 - vi. Multiple abrasions on anterior torso
 - c. Extremities
 - i. Fractures of right tibia and fibula
 - ii. Abrasions and contusions, upper and lower extremities
 - d. Status-post resuscitative efforts and terminal medical attention, including bilateral chest tube insertion

2. Chronic obstructive pulmonary disease
 - a. Pleural and parenchymal anthracosis
 - b. Anthracotic hilar lymph nodes
 - c. Both lungs encased by dense adhesions
 - d. History of heavy cigarette smoking

JS

3. Hypertensive atherosclerotic cardiovascular disease
 - a. Cardiomegaly, moderate (heart weight = 450 grams)
 - b. Concentric left ventricular hypertrophy, moderate (left ventricle wall = 1.5 cm in thickness)
 - c. Diffuse calcific coronary atherosclerosis
 - d. Aortic atherosclerosis, severe

4. Status-post gunshot wound to the abdomen, remote (anamnestic)
 - a. Intra-abdominal adhesions
 - b. Surgical drain within fibrotic capsule in lower abdomen
 - c. Radiodense projectile located in left hip region via post mortem X-rays

5. See Toxicology Report

CAUSE OF DEATH

Multiple blunt impact injuries of head, neck, torso and right lower extremity with skull and skeletal fractures, organ lacerations and hemorrhage due to pedestrian struck by Police vehicle

Other significant conditions contributing to death but not related to cause given above:

Chronic obstructive pulmonary disease

MANNER OF DEATH

Accident

This office reserves the right to amend the above opinions in the event additional information comes forth.

Laura S. Carbone, M.D.
Laura S. Carbone, M.D.
Chief Medical Examiner

LSC/ilma

for

EXHIBIT 4



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 12/04/2018 11:03

· Patient Name RIZZETTA, MICHAEL
Patient ID RCME 18/1426
Chain 18344129
Age 69 Y [REDACTED]
Gender Male
Workorder 18344129

To: 10244
Rockland Co. Med. Examiner - Dr. Laura Carbone
Yeager Health Center
50 Sanatorium Rd, Bldg A
Pomona, NY 10970

Page 1 of 2

Positive Findings:

None Detected

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051B	Postmortem, Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9.65 mL	11/19/2018 10:30	Femoral Blood	
002	Gray Top Tube	10.65 mL	11/19/2018 10:30	Cardiac Blood	
003	Red Vial	2.65 mL	11/19/2018 11:45	Vitreous Fluid	
004	White Plastic Container	28 mL	11/19/2018 11:45	Urine	

All sample volumes/weights are approximations.
Specimens received on 11/28/2018.

Loc



CONFIDENTIAL

Workorder 18344129
Chain 18344129
Patient ID RCME 18/1426

Page 2 of 2

Detailed Findings:

Examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this copy is a true and accurate report that has not been altered, which testing was conducted at NMS Labs Inc. as recorded in this laboratory report, the work order number and report information are provided on page 1 of this report.

Workorder 18344129 was electronically signed on 12/04/2018 10:44 by:

Handwritten signature of Michael E. Lamb

Michael E. Lamb, M.S.F.S.
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 8051B - Postmortem, Basic, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various substances like Amphetamines, Barbiturates, Benzodiazepines, Buprenorphine, Cannabinoids, Cocaine, Fentanyl, Methadone, Methamphetamine, Opiates, Oxycodone, Phencyclidine with their respective reporting limits.

-Analysis by Headspace Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Acetone, Ethanol, Isopropanol, Methanol with their respective reporting limits.

Handwritten initials

EXHIBIT 5

Car/Pedestrian Fatal Collision

**State Route 202
Town of Haverstraw
Rockland County**

November 17, 2018

4:50 A.M.



**Troop F
Collision Reconstruction Unit**

**55 Crystal Run Road
Middletown, NY 10941
Telephone (845) 344-5329
Facsimile (845) 344-5380**

**Prepared by
Investigator Adam B. Maillet**

NYSP Station / Outside Agency Town of Haverstraw Police Department		T/Z/S F2	Case Number 18-26072
Collision Date 11/17/2018	Time of Collision 4:50 A.M.	C/TV of Collision Town of Haverstraw	County Rockland

Location
State Route 202 approximately two hundred fifty (250) feet west of Forest Drive.

Report Type: Full Report Summary Report No Report / Consultation (Explain)
 Supplemental Report Amended Report

Comments:
Car/Pedestrian fatal collision involving marked Town of Haverstraw Police vehicle #5326.

<input checked="" type="checkbox"/> Vehicle 1	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Bicyclist	<input checked="" type="checkbox"/> Pedestrian 1
Last, First, MI Rosario, Keith	DOB [REDACTED]	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured	Last, First, MI Rizzetta, Michael, A.	DOB [REDACTED]	<input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Injured
Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured	Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured
Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured	Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured
Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured	Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured
Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured	Last, First, MI	DOB	<input type="checkbox"/> Deceased <input type="checkbox"/> Injured

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CONCLUSIONS / FINDINGS			
DIAGRAM(S) Number of Diagrams:			

Submitted By (Rank & Name) Investigator Adam B. Maillet <i>Adam Maillet</i>	Shield 4814	Date Submitted 02/07/2019	FIU Senior Investigator <i>[Signature]</i> Date Published 3/5/19
Troop CRU / Station Troop F/ SP Middletown	CRU Case Number F2018-1117		
Peer Review By Trooper Kyle M. Markle <i>[Signature]</i>	Shield 838	Date Reviewed 02/11/2019	
Supervisory Review By Investigator Roy E. Kievit <i>[Signature]</i>	Shield 5183	Date Reviewed 2/25/2019	3/5/19

Introduction

On Saturday, November 17th, 2018, at approximately 7:00 A.M., I, Investigator Adam B. Maillet of the Troop F Collision Reconstruction Unit (F-CRU), was contacted by Senior Investigator Paul Langowsky of the Troop F Forensic Identification Unit (F-FIU), and was requested to respond to the scene of a car/pedestrian fatal collision involving marked Town of Haverstraw Police vehicle #5326. The collision was reported to have occurred at approximately 4:50 A.M. this date, on State route 202 in the Town of Haverstraw, Rockland County, New York.

On November 17th, 2018 at approximately 9:00 A.M., I arrived at the collision scene located on State Route 202 approximately two hundred fifty feet (250 ft.) west of Forest Drive. New York State Police personnel on the scene consisted of Captain Jennifer Gottstine, Trooper Muharem Hasan, and Trooper Toby Schuler. Town of Haverstraw Police Department personnel at the scene consisted of Chief Peter Murphy, Captain Martin Lund, Detective Michael Cruger, and Sergeant Peter Connolly, with assistance from numerous additional members from their agency. I was assisted at the scene by Senior Investigator Langowsky and Trooper Kyle Markle (F-CRU). The weather and roadway surface at the time of the investigation was consistent with conditions reported to be present at the time of the collision, and those conditions consisted of cloudy skies, a dry roadway, and the air temperature was approximately 43 degrees Fahrenheit.

State Route 202 at the collision scene was a three-lane roadway oriented in a general east/west manner. There was a single lane designated for eastbound traffic and a single lane designated for westbound traffic, separated by a two-way left turn lane in the center of the roadway designed for left turning vehicles traveling in either direction. The eastbound and westbound lanes were separated from the two-way left turn lane by a solid yellow lane line with broken yellow lines on the inside portion of the two-way left turn lane. There were paved shoulders bordering each travel lane, and they were demarcated by a single, solid white (fog) line. All roadway lines were intact and clearly visible. There were no apparent roadway defects or permanent conditions that would have contributed to this collision. The nearest crosswalk designated for pedestrians crossing State Route 202 was located approximately three hundred feet (300 ft.) west of the collision scene. The posted speed limit of the roadway was 40 miles per hour (MPH).

Summary

I was briefed by Senior Investigator Langowsky regarding details pertaining to the initial investigation. Utilizing this information, coupled with the on-scene investigation, the following conclusions were drawn.

A pedestrian identified as Michael A. Rizzetta with a date of birth of (D.O.B.) [REDACTED] was walking in a southerly direction, crossing State Route 202 approximately two hundred fifty feet (250 ft.) west of Forest Drive. Police Officer Keith Rosario (D.O.B. [REDACTED]) was operating marked Town of Haverstraw Police vehicle #5326, a 2013 Ford

Explorer, eastbound on State Route 202. The right front corner of the Ford struck Mr. Rizzetta on his right side. Mr. Rizzetta's body wrapped onto the hood of the Ford and his head struck the lower right corner of the windshield. Following the collision, the Ford came to a position of controlled final rest within the eastbound lane of travel. After being struck, Mr. Rizzetta was projected in an easterly direction and came to a position of uncontrolled final rest along the southern fog line. Mr. Rizzetta was transported to Nyack Hospital in Nyack, New York where he was pronounced deceased. The operator of the Ford, Police Officer Rosario, was transported to Good Samaritan Hospital in Suffern, New York for medical treatment.

Trooper Markle photographed the scene documenting its condition at the time of the investigation. Trooper Markle and I forensically mapped the scene of the collision utilizing a Leica TS02 Electronic Total Work Station (Serial #1327259).



Google Earth aerial view of State Route 202 highlighting area of impact

Collision scene evidence consisted of the Ford at its position of controlled final rest, debris from the Ford, shoes and a hat from the pedestrian, fabric transfer on the pavement within eastbound lane, blood, and the area where the pedestrian came to his position of uncontrolled final rest.

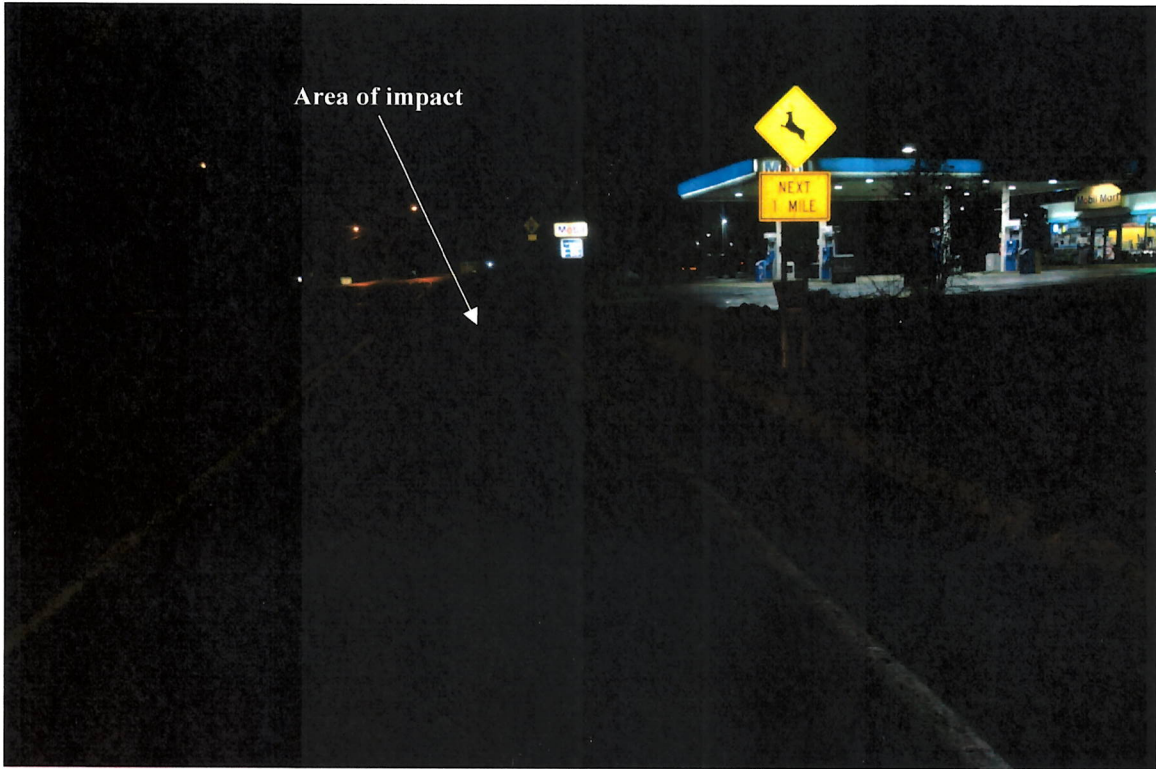
The area of impact was identified by using the location of the first piece of physical evidence observed at the furthest point west as it relates to the location and orientation of all observed evidence. A black shoe (for a right foot) was observed within the eastbound lane. The shoe was approximately eighteen inches from the southern fog line. From this point, the remainder of physical evidence was dispersed in an easterly direction and

primarily within the eastbound lane. The location and positioning of this evidence further indicates the pedestrian was within the eastbound lane when he was struck by the Ford.



State Route 202 facing eastbound

Contrast is the ratio of luminance from a target to the luminance from the target's surrounding, assuming the object differs from the background. Conspicuity, as it relates to collision reconstruction, is the likelihood that a driver will notice a certain target at a given distance against a certain background. The roadway, in the area of this collision, was sparsely lit by artificial ambient lighting from nearby street lights and a gas station on the south side of the roadway. However, there was minimal benefit from this lighting on the portion of the roadway in the area of impact, which likely affected the contrast and conspicuity of the pedestrian. The pedestrian was wearing a dark colored jacket, pants, hat, and shoes, none of which were clad with any retro-reflective material. There was also no indication that the operator of the Ford took any evasive action prior to this collision. The lack of evidence of any evasive action suggests that the operator of the Ford was unable to perceive the hazard and have sufficient time to react, prior to impact with the pedestrian. This was likely a result of the conspicuity and contrast issues that were present. In regard to the conspicuity as previously mentioned, Mr. Rizzetta would have had ample opportunity to perceive the approaching Ford.



State Route 202 eastbound (photo taken at 5:09 A.M. on November 20, 2018)

A search using the Bosch® Crash Data Retrieval (CDR) Tool (Version 17.9) indicated the Ford was equipped with an Event Data Recorder (EDR) device within the Airbag Control Module (ACM) and this vehicle was supported with the current software. A Voluntary Consent to Search Motor Vehicle and Retrieve Event Data Recorders form was signed on November 17, 2018 by Haverstraw Police Chief Peter Murphy. While conducting the on-scene investigation, Trooper Markle utilized the CDR tool and attempted to image the data contained within the ACM of the Ford. The results of the imaging revealed there were no events recovered and that no data relative to this collision had been stored within the vehicle's ACM. There was no data to be analyzed in conjunction with this report.

The primary contributing factor for this collision, as it relates to the analysis of all subject matter surrounding this investigation was pedestrian error on the part of Michael A. Rizzetta for crossing the roadway into the path of the Ford.

A full reconstruction will not be completed. All notes and information will be retained on file with the Troop F Collision Reconstruction Unit.



Car/Pedestrian Fatal Collision
State Route 202
Town of Haverstraw
Rockland County
November 17th, 2018 - 4:50 A.M.
Forensic Scene Mapping
CRU Case #F2018-1117
T/Haverstraw PD Case #18-26072

Diagram Prepared By:
Investigator Adam B. Maillet
New York State Police
Troop F
Collision Reconstruction Unit
Middletown, N.Y. (845) 344-5329

