

Guardrail impales SUV in crash

Driver taken to hospital with severe leg injury was in critical condition

By Dennis Yusko

Updated 9:28 pm, Thursday, April 3, 2014

Bethlehem

A 31-year-old driver who survived a collision with a guardrail that went through his vehicle early Thursday was arrested for driving while intoxicated, Bethlehem police said.

Bradley Howell of Slingerlands was traveling south on Route 85 near Albany at around 3:44 a.m. when he veered off the road and struck the front of an elevated guardrail, police said. A section of the railing entered the vehicle near the driver's side front headlight, passed through the interior of the Chevrolet Yukon and exited near the passenger's side taillight, Lt. Thomas Heffernan Jr. said. The sport-utility vehicle was towed with part of the guardrail still in it, he said.

"He's lucky it didn't impale him," Heffernan said. He said speed contributed to the crash.

Slingerlands firefighters removed Howell from the full-size SUV. He suffered a severe leg injury and was taken to Albany Medical Center Hospital in critical but stable condition, Heffernan said. The southbound lane was closed for about 90 minutes.

Howell was charged with misdemeanor DWI and ticketed for failure to use a designated lane.

He is scheduled to appear in Bethlehem Town Court at 4 p.m. Tuesday.



A driver whose car was impaled by a guard rail after veering off the Slingerlands Bypass just before 4 a.m. Thursday was later charged with drunken driving, Bethlehem police said. (Thomas Heffernan Sr. / Special to the Times Union)





New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (3/04)

Local Codes
 2014-04700

AMENDED REPORT

| | | | | | | | | | | | |
|---|---|-------------------------|------------------------|----------------------|------------------|-----------------|--|-------------------------------------|---|-------------------------------------|---|
| 1 | Accident Date Month: [redacted] Day: [redacted] Year: [redacted] | Day of Week Thursday | Military Time 03:44 | No. of Vehicles 1 | No. Injured 1 | 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 | |
| | VEHICLE 1 | | | | | | | <input type="checkbox"/> VEHICLE | <input type="checkbox"/> BICYCLIST | <input type="checkbox"/> PEDESTRIAN | <input type="checkbox"/> OTHER PEDESTRIAN |

| | | | | | |
|---|--|---------------------|--|---------------------|----|
| 2 | VEHICLE 1 - Driver License D Number H400072824680 | State of Lic. FL | VEHICLE - Driver License D Number | State of Lic. | 21 |
| | Driver Name - exactly as printed on license [redacted] | | Driver Name - exactly as printed on license [redacted] | | |
| | Address (Include Number and Street) [redacted] | Apt. No. | Address (Include Number and Street) [redacted] | Apt. No. | |
| | City or Town [redacted] | State [redacted] | City or Town [redacted] | State [redacted] | 22 |

| | | | | | | | | | | | |
|---|---|---------------------|---|--------------------------------------|--|---|---------------------|---|--------------------------------------|---|----|
| 3 | Date of Birth Month: [redacted] Day: [redacted] Year: [redacted] | Sex [redacted] | Unlicensed <input type="checkbox"/> | No. of Occupants [redacted] | Public Property Damaged <input checked="" type="checkbox"/> | Date of Birth Month: [redacted] Day: [redacted] Year: [redacted] | Sex [redacted] | Unlicensed <input type="checkbox"/> | No. of Occupants [redacted] | Public Property Damaged <input type="checkbox"/> | 23 |
| 7 | Name - exactly as printed on registration [redacted] | Sex [redacted] | Date of Birth Month: [redacted] Day: [redacted] Year: [redacted] | | | Name - exactly as printed on registration [redacted] | Sex [redacted] | Date of Birth Month: [redacted] Day: [redacted] Year: [redacted] | | | 7 |
| 4 | Address (Include Number and Street) [redacted] | Apt. No. | Haz. Mat. Code [redacted] | Released <input type="checkbox"/> | | Address (Include Number and Street) [redacted] | Apt. No. | Haz. Mat. Code [redacted] | Released <input type="checkbox"/> | | 24 |
| 5 | City or Town [redacted] | State [redacted] | Zip Code [redacted] | | | City or Town [redacted] | State [redacted] | Zip Code [redacted] | | | |

| | | | | | | | | | | | |
|---|---------------------------------------|-----------------------------|-----------------------------------|----------------------|------------------|---------------------------------------|-----------------------------|-----------------------------------|----------------------------|-------------------------|----|
| 5 | Plate Number [redacted] | State of Reg. [redacted] | Vehicle Year & Make [redacted] | Vehicle Type SUBN | Ins. Code 989 | Plate Number [redacted] | State of Reg. [redacted] | Vehicle Year & Make [redacted] | Vehicle Type [redacted] | Ins. Code [redacted] | |
| 1 | Ticket/Arrest Number(s) [redacted] | | | | | Ticket/Arrest Number(s) [redacted] | | | | | |
| | Violation Section(s) [redacted] | | | | | Violation Section(s) [redacted] | | | | | 25 |

| | | | | | | |
|---|--|-------------|--|---------|--|----|
| 6 | 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 | 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 | Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. | 26 |
| 7 | VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage | 1 2 2 | VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage | 1 2 | | |
| 1 | Enter up to three more damage codes 17 | | Enter up to three more damage codes [redacted] | | ACCIDENT DIAGRAM | |
| | Vehicle By: ROBERTS Towed To: ROBERTS | | Vehicle By: Towed To: | | See the last page of the MV-104A for the accident diagram. | 27 |
| | VEHICLE DAMAGE CODING 1-13 SEE DIAGRAM ON RIGHT 14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED | | 17. DEMOLISHED 18. NO DAMAGE 19. OTHER | | | 28 |
| | | | | | 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 | 14 |

| | |
|------------------|-------------------------------|
| Reference Marker | Coordinates (if available) |
| 8 5 | Latitude/Northing: 4723921 |
| 1 1 0 1 | Longitude/Easting: 596681 |
| 2 0 0 1 | |

Place Where Accident Occurred:
 [redacted]

Accident Description/Officer's notes



| | | | | | | | | | | | | | | |
|--------------|--|---------------------|------------------------|-------------------------------|---------------------|-------------------------------|---|----|---|---|------|------|-------------------|--|
| ALL INVOLVED | A | 1 | 1 | A | 1 | 31 | M | 11 | 1 | 5 | 9997 | 0101 | HOWELL, BRADLEY L | |
| | B | | | | | | | | | | | | | |
| | C | | | | | | | | | | | | | |
| | D | | | | | | | | | | | | | |
| | Officer's Rank and Signature INVESTIGATOR C M SLEURS | Badge/ID No. 353 | NCIC No. [redacted] | Precinct/Post Troop/Zone 1 | Station/Beat Sector | Reviewing Officer SHUNK, C | Date/Time Reviewed 04/15/2014 09:00 | | | | | | | |

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
[Redacted]

AMENDED REPORT

1 [Redacted] Thursday 03:44 1 1 0 [Redacted]

2 VEHICLE - Driver License D Number State of Lic. VEHICLE - Driver License D Number State of Lic.
Driver Name - exactly as printed on license / Address (Include Number and Street) Apt. No.
City or Town State Zip Code

3 Date of Birth Sex Unlicensed No. of Occupants Public Property Damaged
Name - exactly as printed on registration Sex Date of Birth
Address (Include Number and Street) Apt. No. Haz. Mat. Code Released
City or Town State Zip Code

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

5 Ticket/Arrest Number(s) Violation Section(s)

6 VEHICLE DAMAGE CODING
1-13 SEE DIAGRAM ON RIGHT
14. UNDERCARRIAGE 17. DEMOLISHED
15. TRAILER 18. NO DAMAGE
16. OVERTURNED 19. OTHER
VEHICLE DAMAGE CODING
13
ACIDENT DIAGRAM
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 Longitude/Easting
Place Where Accident Occurred: County City Village Town of Road on which accident occurred at 1) intersecting street or 2) feet miles of



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

Officer's Rank and Signature: INVESTIGATOR C M SLEURS
Badge/ID No. 353 NCIC No. 00151 Precinct/Post Troop/Zone 1 Station/Beat Sector Reviewing Officer SHUNK, C Date/Time Reviewed 04/15/2014 09:00

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
2014-04700

AMENDED REPORT

1 Accident Date: Month 04, Day 03, Year 2014. Day of Week: Thursday. Military Time: 03:44. No. of Vehicles: 1. No. Injured: 1. No. Killed: 0. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed:

2 VEHICLE - Driver License D Number, State of Lic., Driver Name, Address, City or Town, State, Zip Code. Includes fields for BICYCLIST, PEDESTRIAN, and OTHER PEDESTRIAN.

3 Date of Birth, Sex, Unlicensed, No. of Occupants, Public Property Damaged. Includes fields for Name, Sex, Date of Birth, Address, City or Town, State, Zip Code.

4 Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type, Ins. Code. Includes fields for Ticket/Arrest Number(s) and Violation Section(s).

6 VEHICLE DAMAGE CODING. Includes sections for VEHICLE 1 and VEHICLE 2 damage codes, and a diagram of a vehicle with numbered impact points (1-13).

7 ACCIDENT DIAGRAM. Includes a grid of 8 diagrams (1-8) for accident types: Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction).

Reference Marker, Coordinates (if available), Latitude/Northing, Longitude/Easting, Place Where Accident Occurred: County, City, Village, Town, Road on which accident occurred, at 1) intersecting street, or 2) feet miles.

Accident Description/Officer's notes: Witness #1 - DONALD E VELTMAN 7 CRESTWOOD LANE DELMAR NY 12054 (518) 915-1049

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

Officer's Rank and Signature: INVESTIGATOR C M SLEURS. Badge/ID No.: 353. NCIC No.: 00151. Precinct/Post Troop/Zone: 1. Station/Beat Sector. Reviewing Officer: SHUNK, C. Date/Time Reviewed: 04/15/2014 09:00.

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USE COVER SHEET
N

Local Codes
2014-04700
BOB7162WSFS8

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

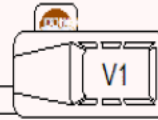
AMENDED REPORT

| | | | | | | | | | | |
|---------------|-----|------|-------------|---------------|-----------------|-------------|------------|--|-------------------------------------|---|
| Accident Date | | | Day of Week | Military Time | No. of Vehicles | No. Injured | No. Killed | Not Investigated at Scene <input type="checkbox"/> | Left Scene <input type="checkbox"/> | Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Month | Day | Year | Thursday | 03:44 | 1 | 1 | 0 | Accident Reconstructed <input checked="" type="checkbox"/> | | |



MILE MARKER

-85-
1101
1241



SLINGERLANDS BY PASS SR85

