

The Dietrich Law Firm P.C.

Corporate Headquarters: 101 John James Audubon Parkway, Buffalo, New York 14228

All Correspondence: 101 John James Audubon Parkway, Buffalo, New York 14228

Office By Appointment Only: 140 Metro Park, Rochester, New York 14623

Tel: (716) 839-3939 | Fax: (716) 970-4550

www.CALLJED.com

Joseph (Jed) E. Dietrich, III, Esq.
President-Admitted in NY, UT and PA
JED@CALLJED.com

Nicholas J. Shemik, Esq.
Managing Trial Attorney
Admitted in NY and PA
NSHEMIK@CALLJED.com

Grace M. Dietrich, Esq.
Associate
GDIETRICH@CALLJED.com

Eric J. Herrmann, Esq.
Associate
EHERRMANN@CALLJED.com

Alexander W. Eaton
Associate
AEATON@CALLJED.com



Peggy Wagner
Executive Paralegal
PWAGNER@CALLJED.com

Donna Postek
Office Manager
DPOSTEK@CALLJED.com

Paralegals
Kirsten Hoffmann
KHOFFMANN@CALLJED.com

Kayla Rosario
KROSARIO@CALLJED.com

Melony Helms
MHELMS@CALLJED.com

April 30, 2026

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Erie County Water Authority
Attn: Administrative Office
295 Main Street, Room 350
Buffalo, New York 14203

RE: Dennis M. Kanehl v. Erie County Water Authority, County of Erie, and Paul J. Sudyn

Dear Sir/Madam:

Please be advised that this firm represents Dennis Kanehl. Please see enclosed for service upon Erie County Water Authority, County of Erie, and Paul J. Sudyn an original and a copy of the of the Notice of Claim.

Please be advised that we request a copy of any video footage that you have in your possession capturing the subject incident – including, but not limited to, surveillance cameras, dashboard cameras, vehicle equipped cameras, Ring Monitor cameras or other smart doorbell device cameras, security cameras, or any other video device that captured the subject incident.

I thank you for your anticipated cooperation.

Very truly yours,


Nicholas J. Shemik, Esq.
The Dietrich Law Firm P.C.

NJS.mh.enc
cc: Mr. Dennis Kanehl

SERIOUS – PERSONAL – INJURY

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

DENNIS M. KANEHL,

Claimant,

NOTICE OF CLAIM

vs.

**ERIE COUNTY WATER AUTHORITY,
COUNTY OF ERIE, and
PAUL J. SUDYN,**

Respondents.

PLEASE TAKE NOTICE, that the above-named Claimant claims and demands from Erie County Water Authority, in Erie County, State of New York, County of Erie, in Erie County, State of New York, and Paul J. Sudyn, in Erie County, State of New York, recompense for personal injuries sustained by Claimant by reason of the wrongful, unlawful, negligent and careless acts and omissions of Respondents, their agents, servants, and/or employees, and in support thereof Claimant states:

1. The address of the Claimant is 31 Westgate Avenue, Apartment 210, Akron, New York 14001.
2. The Claimant is represented by The Dietrich Law Firm P.C., located at 101 John James Audubon Parkway, Amherst, New York 14228, (716) 839-3939.

3. The incident in which personal injuries were sustained by the Claimant occurred on or about March 16, 2026, at approximately 12:01 p.m., when a motor vehicle crash occurred at the intersection of Stage Road and North Millgrove Road in the Town of Newstead, the County of Erie, and the State of New York. Attached hereto as **Exhibit A** is a copy of the Police Crash Report for the subject motor vehicle crash.

4. On the aforementioned date and time, Claimant was the front seat passenger in his friend, Eric Schmidt's, vehicle, which was travelling Northbound on North Millgrove Road approaching its intersection with Stage Road. The Respondent, Paul J. Sudyn, was operating a vehicle registered to Respondent, Erie County Water Authority and/or Respondent, County of Erie, and was travelling in the eastbound direction, stopped at the stop sign on Stage Road at its intersection with North Millgrove Road, whereupon Respondent, Paul J. Sudyn, pulled out in front of Mr. Schmidt's vehicle which had the right of way and Claimant was a passenger within, causing Mr. Schmidt's vehicle to swerve into a nearby yard, crashing into shrubbery and, upon information and belief, a tree. As a result of the subject motor vehicle crash, the Claimant sustained serious personal injuries.

5. Respondent, Paul J. Sudyn, was issued a traffic ticket for failure to yield the right of way (Vehicle & Traffic Law § 1140A).

6. Upon information and belief, Respondent, Paul J. Sudyn, was operating the subject vehicle through his employment and with the permission of Respondent, Erie County Water Authority, and/or Respondent, County of Erie.

7. By virtue of the recklessness and/or negligence of the employees, agents, and/or servants of the Respondents, the Claimant has incurred medical and hospital expenses, which are to date undetermined, and will incur loss of earnings, impairment of health, and permanent injuries.

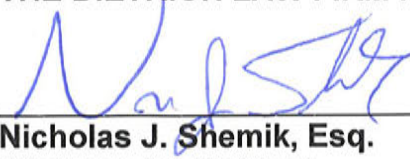
8. Upon information and belief, the Claimant will be obligated further medical expenses including drugs, medicines, and/or prosthetic devices, the amount of which cannot be reasonably calculated at this time.

TAKE NOTICE, that the Claimant demands payment of her claim as set forth above.

Dated: April 24, 2026

THE DIETRICH LAW FIRM P.C.

By:



Nicholas J. Shemik, Esq.
Attorneys for Claimant
101 John James Audubon Parkway,
Amherst, New York 14228
(716) 839-3939

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

DENNIS M. KANEHL,

Claimant,

VERIFICATION

vs.

**ERIE COUNTY WATER AUTHORITY,
COUNTY OF ERIE, and
PAUL J. SUDYN,**

Respondents.

I, **DENNIS M. KANEHL**, being duly sworn, deposes and says, that the deponent is the Claimant in the within action; that the deponent has read the foregoing Notice of Claim and know the contents hereof; that the same is true to the deponent's knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes them to be true.


DENNIS M. KANEHL

Sworn to before me this 23 day
of April 2026


NOTARY PUBLIC

LISA C. KAMINSKI
Notary Public, State of New York
Qualified in Erie County
No. 01KA4907553
Commission Expires 10/13/2029



Department of Motor Vehicles

DMV USE ONLY

Local Code/Crash #
 NY2600366180
 Precinct

POLICE CRASH REPORT

AMENDED REPORT

SECONDARY CRASH

See INSTRUCTIONS on pages 1 and 2.

Crash Date Month: 03, Day: 16, Year: 2026			Crash Time (Military) 1201	# of Units 2	# Injured 0	# of Fatalities 0	Suspected Serious Injury <input type="checkbox"/>	Report Taken at Scene <input type="checkbox"/>	Crash Reconstructed <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>
<input checked="" type="checkbox"/> Cost of repairs to any one unit or property will be more than \$1,000.				Time of Roadway Clearance		Date		Military Time			

UNIT 1: DRIVER / BICYCLIST / PEDESTRIAN

Driver License/Non-Driver ID # [REDACTED] State of License NY Driver License Class (Check all that apply) A B C D DJ E M MJ Permit Class (Check all that apply) A B C D DJ E M MJ Driving Out of License/Permit Class

Driver License Status at Time of Crash
 Valid Cancelled Expired Military None Revoked Surrendered Suspended Suspended Hardship Privilege (HPRV) Approved Unknown Not Applicable

Driver/Pedestrian/Bicyclist Name (exactly as printed on license/non-driver ID)
 SUDYN, PAUL JONATHAN

Date of Birth [REDACTED] Sex (M/F/X) M

Address (include house #, street and apt #)
 6 RUNNING BROOK DR
 LANCASTER NY 14086

Vehicle and Traffic Law Violations
 1140A

Blood Alcohol Content (BAC) Testing Method Breath Not Given Refused Driver Admission

Check all that apply.
 DRE Responded DRE Unavailable Subject Evaluated Subject Refused Evaluation

Arrested (Check all that apply)
 Alcohol Drugs Other

UNIT 1: REGISTRATION

Name (exactly as printed on registration)
 ERIE CTY WATER AUTH, ERIE

Date of Birth [REDACTED] Sex (M/F/X)

Address (include house #, street and apt #)
 295 MAIN ST
 BUFFALO NY 14203

of People in Vehicle/Unit 1 Vehicle/Unit Type VAN Plate # BD6679 State of Registration NY Vehicle Year/Make/Model CHEV Vehicle Towed Vehicle Towed Due to Disabling Damage Stretched Limo

Vehicle Identification Number (VIN) 1GCGWAFP4L1263896 Insurance Company Name 095 Insurance Policy # 095 Insurance Code 095 Special Function of Motor Vehicle in Transport 095

Automation System Level in Vehicle (check one)
 No Automation Conditional Automation Automation Level Unknown Driver Assistance High Automation Unknown Partial Automation Full Automation

Automation System Levels Engaged at Time of Crash (check one)
 No Automation Conditional Automation Automation Level Unknown Driver Assistance High Automation Unknown Partial Automation Full Automation

UNIT 2: DRIVER / BICYCLIST / PEDESTRIAN

Driver License/Non-Driver ID # [REDACTED] State of License NY Driver License Class (Check all that apply) A B C D DJ E M MJ Permit Class (Check all that apply) A B C D DJ E M MJ Driving Out of License/Permit Class

Driver License Status at Time of Crash
 Valid Cancelled Expired Military None Revoked Surrendered Suspended Suspended Hardship Privilege (HPRV) Approved Unknown Not Applicable

Driver/Pedestrian/Bicyclist Name (exactly as printed on license/non-driver ID)
 SCHMIDT, ERIC MARTIN

Date of Birth [REDACTED] Sex (M/F/X) M

Address (include house #, street and apt #)
 12 MARSHALL AVE
 AKRON NY 14001

Vehicle and Traffic Law Violations

Blood Alcohol Content (BAC) Testing Method Breath Not Given Refused Driver Admission

Check all that apply.
 DRE Responded DRE Unavailable Subject Evaluated Subject Refused Evaluation

Arrested (Check all that apply)
 Alcohol Drugs Other

UNIT 2: REGISTRATION

Name (exactly as printed on registration)
 SCHMIDT, ERIC MARTIN

Date of Birth [REDACTED] Sex (M/F/X)

Address (include house #, street and apt #)
 12 MARSHALL AVE
 AKRON NY 14001

of People in Vehicle/Unit 1 Vehicle/Unit Type SUBN Plate # HGP7998 State of Registration NY Vehicle Year/Make/Model DODG Vehicle Towed Vehicle Towed Due to Disabling Damage Stretched Limo

Vehicle Identification Number (VIN) 2C4RDGBG9KR591811 Insurance Company Name 328 Insurance Policy # 2 Insurance Code 2 Special Function of Motor Vehicle in Transport 328

Automation System Level in Vehicle (check one)
 No Automation Conditional Automation Automation Level Unknown Driver Assistance High Automation Unknown Partial Automation Full Automation

Automation System Levels Engaged at Time of Crash (check one)
 No Automation Conditional Automation Automation Level Unknown Driver Assistance High Automation Unknown Partial Automation Full Automation

This is to certify that this document is a true and complete copy of the original in the New York State Department of Motor Vehicles, Albany, New York.

Mark J.F. Schneider
 COMMISSIONER OF MOTOR VEHICLES

POLICE CRASH REPORT

UNIT 1 DAMAGE CODES				UNIT 2 DAMAGE CODES				Crash Diagram Code: If there were exactly 2 motor vehicles involved, enter the number from the diagram below (numbered 0-8) that best matches the crash in the box on the left. Enter a 9 if the crash involved one vehicle, 3 or more vehicles, or a pedestrian/bicyclist. You may draw the diagram in box 9.					A																				
Box 1 - Point of impact	1	2		Box 1 - Point of impact	1	2							9					-															
Box 2 - Most damage	18	18		Box 2 - Most damage	2	2		<table border="1" style="width:100%; text-align: center;"> <tr> <td>Rear End</td> <td>Left Turn</td> <td>Right Angle</td> <td>Right Turn</td> <td>Head On</td> </tr> <tr> <td>1. ← ←</td> <td>3. ↙ ↘</td> <td>4. ↓</td> <td>5. ↘ ↙</td> <td>7. → →</td> </tr> <tr> <td>Sideswipe (same direction)</td> <td>Left Turn</td> <td></td> <td>Right Turn</td> <td>Slideswipe (opposite direction)</td> </tr> <tr> <td>2. ← ←</td> <td>0. ↙ ↘</td> <td></td> <td>6. ↘ ↙</td> <td>8. → →</td> </tr> </table>					Rear End	Left Turn	Right Angle	Right Turn	Head On	1. ← ←	3. ↙ ↘	4. ↓	5. ↘ ↙	7. → →	Sideswipe (same direction)	Left Turn		Right Turn	Slideswipe (opposite direction)	2. ← ←	0. ↙ ↘		6. ↘ ↙	8. → →	B
Rear End	Left Turn	Right Angle	Right Turn	Head On																													
1. ← ←	3. ↙ ↘	4. ↓	5. ↘ ↙	7. → →																													
Sideswipe (same direction)	Left Turn		Right Turn	Slideswipe (opposite direction)																													
2. ← ←	0. ↙ ↘		6. ↘ ↙	8. → →																													
Enter up to three more Damage Codes	3	4	5	Enter up to three more Damage Codes	3	4	5	CRASH DIAGRAM 3.					-																				
Vehicle Towed				Vehicle Towed	DADSWELLS								<table border="1" style="width:100%; text-align: center;"> <tr> <td>1. ← ←</td> <td>3. ↙ ↘</td> <td>4. ↓</td> <td>5. ↘ ↙</td> <td>7. → →</td> </tr> <tr> <td>2. ← ←</td> <td>0. ↙ ↘</td> <td></td> <td>6. ↘ ↙</td> <td>8. → →</td> </tr> </table>					1. ← ←	3. ↙ ↘	4. ↓	5. ↘ ↙	7. → →	2. ← ←	0. ↙ ↘		6. ↘ ↙	8. → →	19					
1. ← ←	3. ↙ ↘	4. ↓	5. ↘ ↙	7. → →																													
2. ← ←	0. ↙ ↘		6. ↘ ↙	8. → →																													
By:				By:	DADSWELLS			7					-																				
To:				To:	DADSWELLS								20					-															
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT →												21																					
14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER												26																					
												22																					
Reference Marker		Coordinates		County		<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of NEWSTEAD, TOWN OF						-																					
		Latitude/Northing:		Erie		Road Where Crash Occurred (route # or street name) House # STAGE RD						23																					
		Longitude/Easting:		<input type="checkbox"/> At Intersection With:		<input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of _____ (Nearest Intersecting Street/Route, Milepost, Exit or Reference Marker)						E																					
		4764349.0		<input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles								24																					
<input type="checkbox"/> Non-Public Roadway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Private Road/Driveway <input type="checkbox"/> Field <input type="checkbox"/> Other/Unknown				<input type="checkbox"/> Service Road		Posted Speed Limit (MPH) _____		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown		Exit # _____ <input type="checkbox"/> Work Zone Crash		N																					

Crash Description/Officer's Notes:
 V-1 east bound stopperd at the stop sign of Stage Rd at N Millgrove Rd pulled in front of V-2 north on N Millgrove Rd with the right of way. V-2 swerved to avoid V-1 and went into a yard and struck some scrub brush at 4811 N Millgrove Rd. V-1 was removed from the brush by Dadswells. Dennis Kanehl was a passenger of V-2. Operator of V-1 issued UTT for for failure to yield the right of way.

Witness(es)

Name	Address	Phone

INJURY GRID	INJURED TAKEN																Improper Use of Safety Equipment <input type="checkbox"/> ID Card Provided <input type="checkbox"/> Pedestrian Use of Mobility Aid <input type="checkbox"/>			Date of Death Only				
	8	9	10	11	12. Age	13. Sex	14	15	16	17 BY	18 TO	19	20	21	22	23	24	25	26	27	28	29	30	
	1.	4.	1.	61.	M	-	-	-																
	1.	4.	1.	57.	M	-	-	-																
ID #				NCIC #				Precinct/Post or Troop/Zone				Station/Beat/Sector												
636				11402								13												
Officer's Rank and Signature X Reviewing Officer: ROSE #2782, Sergeant DERRICK												This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York. Print Full Name: MILHOLLEN, CHRISTOPHER A Date/Time Reviewed: 04/11/2025 11:30 AM												

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

DENNIS M. KANEHL,

Claimant,

NOTICE OF CLAIM

vs.

**ERIE COUNTY WATER AUTHORITY,
COUNTY OF ERIE, and
PAUL J. SUDYN,**

Respondents.

PLEASE TAKE NOTICE, that the above-named Claimant claims and demands from Erie County Water Authority, in Erie County, State of New York, County of Erie, in Erie County, State of New York, and Paul J. Sudyn, in Erie County, State of New York, recompense for personal injuries sustained by Claimant by reason of the wrongful, unlawful, negligent and careless acts and omissions of Respondents, their agents, servants, and/or employees, and in support thereof Claimant states:

1. The address of the Claimant is 31 Westgate Avenue, Apartment 210, Akron, New York 14001.
2. The Claimant is represented by The Dietrich Law Firm P.C., located at 101 John James Audubon Parkway, Amherst, New York 14228, (716) 839-3939.

3. The incident in which personal injuries were sustained by the Claimant occurred on or about March 16, 2026, at approximately 12:01 p.m., when a motor vehicle crash occurred at the intersection of Stage Road and North Millgrove Road in the Town of Newstead, the County of Erie, and the State of New York. Attached hereto as **Exhibit A** is a copy of the Police Crash Report for the subject motor vehicle crash.

4. On the aforementioned date and time, Claimant was the front seat passenger in his friend, Eric Schmidt's, vehicle, which was travelling Northbound on North Millgrove Road approaching its intersection with Stage Road. The Respondent, Paul J. Sudyn, was operating a vehicle registered to Respondent, Erie County Water Authority and/or Respondent, County of Erie, and was travelling in the eastbound direction, stopped at the stop sign on Stage Road at its intersection with North Millgrove Road, whereupon Respondent, Paul J. Sudyn, pulled out in front of Mr. Schmidt's vehicle which had the right of way and Claimant was a passenger within, causing Mr. Schmidt's vehicle to swerve into a nearby yard, crashing into shrubbery and, upon information and belief, a tree. As a result of the subject motor vehicle crash, the Claimant sustained serious personal injuries.

5. Respondent, Paul J. Sudyn, was issued a traffic ticket for failure to yield the right of way (Vehicle & Traffic Law § 1140A).

6. Upon information and belief, Respondent, Paul J. Sudyn, was operating the subject vehicle through his employment and with the permission of Respondent, Erie County Water Authority, and/or Respondent, County of Erie.

7. By virtue of the recklessness and/or negligence of the employees, agents, and/or servants of the Respondents, the Claimant has incurred medical and hospital expenses, which are to date undetermined, and will incur loss of earnings, impairment of health, and permanent injuries.

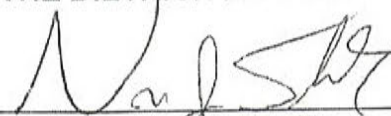
8. Upon information and belief, the Claimant will be obligated further medical expenses including drugs, medicines, and/or prosthetic devices, the amount of which cannot be reasonably calculated at this time.

TAKE NOTICE, that the Claimant demands payment of her claim as set forth above.

Dated: April 24, 2026

THE DIETRICH LAW FIRM P.C.

By:



Nicholas J. Shemik, Esq.

Attorneys for Claimant
101 John James Audubon Parkway,
Amherst, New York 14228
(716) 839-3939

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

DENNIS M. KANEHL,

Claimant,

VERIFICATION

vs.

ERIE COUNTY WATER AUTHORITY,
COUNTY OF ERIE, and
PAUL J. SUDYN,

Respondents.

I, DENNIS M. KANEHL, being duly sworn, deposes and says, that the deponent is the Claimant in the within action; that the deponent has read the foregoing Notice of Claim and know the contents hereof; that the same is true to the deponent's knowledge, except as to the matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes them to be true.


DENNIS M. KANEHL

Sworn to before me this 23 day
of April 2026


NOTARY PUBLIC

LISA C. KAMINSKI
Notary Public, State of New York
Qualified in Erie County
No. 01KA4907553
Commission Expires 10/13/2029



Local Code/Crash # NY2600366180

POLICE CRASH REPORT

AMENDED REPORT

SECONDARY CRASH

See INSTRUCTIONS on pages 1 and 2.

Crash Date: 03/16/2026, Crash Time: 1201, # of Units: 2, # Injured: 0, # of Fatalities: 0

Cost of repairs to any one unit or property will be more than \$1,000. Time of Roadway Clearance: / / Military Time: /

Driver License/Non-Driver ID #, State of License: NY, Driver License Class: A, Permit Class: A

Driver License Status at Time of Crash: Valid, Driver/Pedestrian/Bicyclist Name: SUDYN, PAUL JONATHAN

Address (include house #, street and apt #): 6 RUNNING BROOK DR

City or Town: LANCASTER, State: NY, Zip Code: 14086

Vehicle and Traffic Law Violations: 1140A

Blood Alcohol Content (BAC) Testing Method: Breath, Arrested (Check all that apply): Alcohol

Check all that apply: DRE Responded, Subject Evaluated, Arrested: Alcohol, Drugs, Other

Name (exactly as printed on registration): ERIE CTY WATER AUTH, ERIE

Address (include house #, street and apt #): 295 MAIN ST

City or Town: BUFFALO, State: NY, Zip Code: 14203

of People in Vehicle/Unit: 1, Vehicle/Unit Type: VAN, Plate #: BD6679, State of Registration: CHEV

Vehicle Identification Number (VIN): 1GCGWAFP4L1263896, Insurance Company Name: 095, Insurance Policy #: 0, Insurance Code: 9, 5

Automation System Level in Vehicle (check one): No Automation, Conditional Automation, Driver Assistance, High Automation, Partial Automation, Full Automation

Automation System Levels Engaged at Time of Crash (check one): No Automation, Conditional Automation, Driver Assistance, High Automation, Partial Automation, Full Automation

Driver License/Non-Driver ID #, State of License: NY, Driver License Class: A, Permit Class: A

Driver License Status at Time of Crash: Valid, Driver/Pedestrian/Bicyclist Name: SCHMIDT, ERIC MARTIN

Address (include house #, street and apt #): 12 MARSHALL AVE

City or Town: AKRON, State: NY, Zip Code: 14001

Vehicle and Traffic Law Violations

Blood Alcohol Content (BAC) Testing Method: Breath, Arrested (Check all that apply): Alcohol

Check all that apply: DRE Unavailable, Subject Evaluated, Subject Refused Evaluation, Arrested: Alcohol, Drugs, Other

Name (exactly as printed on registration): SCHMIDT, ERIC MARTIN

Address (include house #, street and apt #): 12 MARSHALL AVE

City or Town: AKRON, State: NY, Zip Code: 14001

of People in Vehicle/Unit: 1, Vehicle/Unit Type: SUBN, Plate #: HGP7998, State of Registration: DODG

Vehicle Identification Number (VIN): 2C4RDGBG9KR591811, Insurance Company Name: 328, Insurance Policy #: 328, Insurance Code: 2, 8

Automation System Level in Vehicle (check one): No Automation, Conditional Automation, Driver Assistance, High Automation, Partial Automation, Full Automation

This is to certify that this document is a true and complete copy of a record on file with the New York State Department of Motor Vehicles, Albany, New York.

POLICE CRASH REPORT

MV-104P (5/25)

UNIT 1 DAMAGE CODES			UNIT 2 DAMAGE CODES			9	Crash Diagram Code: If there were exactly 2 motor vehicles involved, enter the number from the diagram below (numbered 0-8) that best matches the crash in the box on the left. Enter a 9 if the crash involved one vehicle, 3 or more vehicles, or a pedestrian/bicyclist. You may draw the diagram in box 9.									
Box 1 - Point of impact	1	2	Box 1 - Point of impact	1	2		Rear End	Left Turn	Right Angle	Right Turn	Head On					
Box 2 - Most damage	18	18	Box 2 - Most damage	2	2	1.	3	4	5.	7.						
Enter up to three more Damage Codes	3	4	5	Enter up to three more Damage Codes	3	4	5	6	6	8						
Vehicle Towed			Vehicle Towed	By DADSWELLS												
By			To	To DADSWELLS												
VEHICLE DAMAGE CODING:						CRASH DIAGRAM										
1-13. SEE DIAGRAM ON RIGHT →																
14. UNDERCARRIAGE 15. TRAILER 16. OVERTURNED 17. DEMOLISHED 18. NO DAMAGE 19. OTHER																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Reference Marker</th> <th style="width:15%;">Coordinates</th> </tr> <tr> <td> </td> <td>Latitude/Northing: 210333.0</td> </tr> <tr> <td> </td> <td>Longitude/Easting: 4764349.0</td> </tr> </table>						Reference Marker	Coordinates		Latitude/Northing: 210333.0		Longitude/Easting: 4764349.0	County Erie <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of NEWSTEAD, TOWN OF Road Where Crash Occurred (route # or street name) STAGE RD House # _____ <input type="checkbox"/> At Intersection With: _____ OR <input checked="" type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Nearest Intersecting Street/Route, Milepost, Exit or Reference Marker) Feet _____ Miles _____				
Reference Marker	Coordinates															
	Latitude/Northing: 210333.0															
	Longitude/Easting: 4764349.0															
Non-Public Roadway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Private Road/Driveway <input type="checkbox"/> Field <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Service Road <input type="checkbox"/> Posted Speed Limit (MPH) _____ <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown <input type="checkbox"/> Exit # _____ Work Zone Crash <input type="checkbox"/>																

Crash Description/Officer's Notes:
 V-1 east bound stopperd at the stop sign of Stage Rd at N Millgrove Rd pulled in front of V-2 north on N Millgrove Rd with the right of way. V-2 swerved to avoid V-1 and went into a yard and struck some scrub brush at 4811 N Millgrove Rd. V-1 was removed from the brush by Dadswells. Dennis Kanehl was a passenger of V-2. Operator of V-1 issued UTT for for failure to yield the right of way.

Witness(es)		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

INJURED	INJURED TAKEN								31	Improper Use of Safety Equipment	ID Card Provided	Pedestrian Use of Mobility Aid	Name (Last Name, First Name)	Date of Death Only
	8	9	10	11	12. Age	13. Sex	14	15						
	1	4	1	61	M	-	-	-					SUDYN, PAUL JONATHAN	
	1	4	1	57	M	-	-	-					SCHMIDT, ERIC MARTIN	
ID # 636		NCIC # 11402		Precinct/Post or Troop/Zone				Station/Beat/Sector 13		This is to certify that this document is a true and complete copy of a record on file in the New York State Department of Motor Vehicles, Albany, New York. Date/Time Reviewed: 07/11/2025 11:23 AM				
Officer's Rank and Signature X										Print Full Name: MILHOLLEN, CHRISTOPHER A. Reviewing Officer: ROSE #2782, Sergeant DERRICK				



The Dietrich Law Firm

SERIOUS · PERSONAL · INJURY
101 John James Audubon Parkway
Buffalo, N.Y. 14228
www.CALLJED.com

CERTIFIED MAIL®



9589 0710 5270 3766 3828 51



**VIA CERTIFIED MAIL, RETURN RECEIPT
REQUESTED**

Erie County Water Authority
Attn: Administrative Office
295 Main Street, Room 350
Buffalo, New York 14203

COUNTY WATER AUTH
MAY 4 '26 AM 1:55

14203-249499

