



ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 6 Page ___ of ___

Main form body containing sections for Driver, Registrant, School/Vehicle, Vehicle Damage, Accident Location, and Insurance. Includes fields for names, addresses, dates, and vehicle details.

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign. [] Injury [] Death

An accident report is not considered complete and filed unless it is signed, and if not signed may result in the suspension of your driver's license and/or registration.



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Accident Date, Day of Week, Time, Number of Vehicles, Left Scene, Did police investigate accident at scene?, If Yes, Name of Police Agency

DRIVER OF VEHICLE 1, DRIVER OF VEHICLE 2, DRIVER OF PEDESTRIAN, DRIVER OF BICYCLIST, DRIVER OF OTHER PEDESTRIAN. Fields for Driver License ID Number, State of License, Last Name, First Name, M.I., Mailing Address, City or Town, State, Zip Code, Date of Birth, Sex, No. of Occupants.

REGISTRANT. Fields for Name, Date of Birth, Sex, Mailing Address, City or Town, State, Zip Code.

Plate Number, State of Reg., Vehicle Year & Make, Vehicle Type.

SCHOOL/VEHICLE. Fields for Public School District Name, Private School System Name, Bus Driver, Bus Capacity, # of Years of Experience Driving School Bus, Training.

VEHICLE DAMAGE. Describe damage to Vehicle 1 and Vehicle 2. Estimated Cost of Repairs. ACCIDENT DIAGRAM with numbered options 1-9.

ACCIDENT LOCATION. County of Accident, Nearest Intersecting Route/Street, Route No. or Street Name, Units (Miles/Feet), Direction (N/S/E/W), At Intersection With.

Accident Description (Give your own version)

INSURANCE. Identify Damaged Property Other Than Vehicle(s), Name of Insurance Company, Policy Number, Name and Address of Policyholder, Policy Period, VIN, If Self-Insured, give Certificate No. and State.

Date, Print Name of Driver (or Representative*) of Vehicle 1, Signature of Driver (or Representative*) of Vehicle 1

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Main form body containing sections 1-6: DRIVER, REGISTRANT, SCHOOL/VEHICLE, VEHICLE DAMAGE, ACCIDENT LOCATION, and INSURANCE. Includes fields for driver information, vehicle details, accident description, and insurance information.

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Main form body containing sections: DRIVER, REGISTRANT, SCHOOL/VEHICLE, VEHICLE DAMAGE, ACCIDENT LOCATION, INSURANCE, and signature lines.

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.

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SECTION A

You must report within 10 days any accident occurring in New York State causing death, personal injury or damage over \$1000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed.

Fill in the 15 boxes to the right by entering the number of the item which best describes the circumstances of the accident. If a question does not apply, enter a dash (-). If an answer is unknown, enter an "x".

*Don't fold this internet form. Instead, place page 6 over page 1, with the arrows on page 6 pointing to the boxes on the right edge of page 1.

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the VEHICLE 1 section and the other driver's information in the VEHICLE 2 section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for VEHICLE 2 and check the appropriate box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for VEHICLE 2.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the VEHICLE 2 block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked VEHICLE 1 and mark it # 3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office.

- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 SCHOOL/VEHICLE** - Enter the name of the school and information about the vehicle involved in the accident.
- 4 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 5 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street.
- 6 INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED. SEND THE REPORT AS FOLLOWS:

Copy 1: NYS Dept. of Motor Vehicles, Crash Records Center, 6 Empire State Plaza, PO Box 2925, Albany, NY 12220-0925

Copy 2: NYS Education Department, Office of Educational/Management Services, Public Transportation Unit, Room 876 EBA, 89 Washington Avenue, Albany NY 12234.

Copy 3: NYS Dept. of Transportation, Bus Safety Section POD53, 50 Wolf Road, Albany, NY 12232

Copy 4: Keep for school records.

- 7 ALL PERSONS INJURED OR KILLED** - List the names of all persons injured or killed in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than five people are injured or killed, complete form MV-104F.1, Continuation Sheet. In the ALL PERSONS INJURED OR KILLED section of that form, provide the required information for everyone else who was injured or killed in the accident. Enter the following codes in the appropriate columns:

SAFETY EQUIPMENT USED

- | | | |
|-----------------------------|--|----------------------------|
| 1. None | 8. Air Bag Deployed/Lap Belt | ↓ In-Line Skater/Bicyclist |
| 2. Lap Belt | 9. Air Bag Deployed/Shoulder Restraint | |
| 3. Shoulder Restraint | A. Air Bag Deployed/Lap Belt/Restraint | C. Helmet Only |
| 4. Lap Belt Restraint | B. Air Bag Deployed/Child Restraint | D. Helmet/Other |
| 5. Child Restraint Only | O. Other | E. Pads Only |
| 6. Helmet (Motorcycle Only) | | F. Stoppers Only |
| 7. Air Bag Deployed | | |

SEATED/STANDING CODES

D - Person was seated in the bus. E - Person was standing in the bus.

INJURY - Check all column(s) that apply and DESCRIBE INJURIES:

A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.

B - Lump on head, abrasions, minor lacerations.

C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

SECTION B

USE TO COMPLETE
BOXES 1-7 and 23-30 ON PAGE 1

Be sure your answers are marked INSIDE THE BOXES ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking Along Highway With Traffic
6. Riding/Walking Along Highway Against Traffic
7. Emerging from in Front of/Behind Parked Vehicle
8. Going To/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway*
14. Not in roadway (Indicate)*

TRAFFIC CONTROL

- | | |
|-------------------------------|--|
| 1. None | 10. RR Crossing Gates |
| 2. Traffic Signal | 11. Stopped School Bus-Red Lights Flashing |
| 3. Stop Sign | 12. Construction Work Area |
| 4. Flashing Light | 13. Maintenance Work Area |
| 5. Yield Sign | 14. Utility Work Area |
| 6. Officer/Guard | 15. Police/Fire Emergency |
| 7. No Passing Zone | 16. School Zone |
| 8. RR Crossing Sign | 20. Other* |
| 9. RR Crossing Flashing Light | |

LIGHT CONDITIONS

- | | | |
|-------------|----------------------|--------------------------|
| 1. Daylight | 3. Dusk | 5. Dark Road Not Lighted |
| 2. Dawn | 4. Dark-Road Lighted | |

ROADWAY CHARACTER

- | | |
|--------------------------|-----------------------|
| 1. Straight and Level | 4. Curve and Level |
| 2. Straight and Grade | 5. Curve and Grade |
| 3. Straight at Hillcrest | 6. Curve at Hillcrest |

ROADWAY SURFACE CONDITION

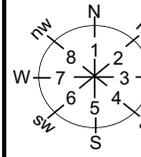
- | | | | |
|--------|-------------|------------|----------|
| 1. Dry | 3. Muddy | 5. Slush | 0. Other |
| 2. Wet | 4. Snow/Ice | 6. Flooded | |

WEATHER

- | | | |
|----------|-----------|-----------------------------|
| 1. Clear | 2. Cloudy | 5. Sleet/Hail/Freezing Rain |
| 3. Rain | 4. Snow | 6. Fog/Smog/Smoke |
| | | 0. Other* |

DIRECTION OF TRAVEL

- | | |
|--------------|--------------|
| 1. North | 5. South |
| 2. Northeast | 6. Southwest |
| 3. East | 7. West |
| 4. Southeast | 8. Northwest |



Veh. 1 23
Veh. 2 24

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 11. Avoiding Object in Roadway |
| 2. Making Right Turn | 12. Changing Lanes |
| 3. Making Left Turn | 13. Overtaking |
| 4. Making U turn | 14. Merging |
| 5. Starting from Parking | 15. Backing |
| 6. Starting in Traffic | 16. Making Right Turn on Red |
| 7. Slowing or Stopping | 17. Making Left Turn on Red |
| 8. Stopped in Traffic | 18. Police Pursuit |
| 9. Entering Parked Position | 20. Other* |
| 10. Parked | |

Veh. 1 25
Veh. 2 26

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

27

TYPE OF ACCIDENT

- COLLISION WITH**
- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |

First Event 28

COLLISION WITH FIXED OBJECT

- | | |
|--------------------------------|-------------------------------------|
| 11. Light Support/Utility Pole | 21. Median - Not At End |
| 12. Guide Rail - Not At End | 22. Snow Embankment |
| 13. Crash Cushion | 23. Earth Embankment/Rock Cut/Ditch |
| 14. Sign Post | 24. Fire hydrant |
| 15. Tree | 25. Guide Rail - End |
| 16. Building/Wall | 26. Median - End |
| 17. Curbing | 27. Barrier |
| 18. Fence | 30. Other Fixed Object* |
| 19. Bridge Structure | |
| 20. Culvert/Head Wall | |

Veh. 1 29
Second Event Veh. 2 30

NO COLLISION

- | | |
|--------------------|--------------------------|
| 31. Overturned | 33. Submersion |
| 32. Fire/Explosion | 34. Ran Off Roadway Only |
| | 40. Other* |

* Explain in Accident Description

SECTION C

Section 142 of the Vehicle and Traffic law defines a school bus as:

“Every motor vehicle owned by a public or governmental agency or private school and operated for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity, to or from school or school activities or privately owned and operated for compensation for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity to or from school or school activities.”

NOTE: To report an accident on form MV-104F, the following two conditions must apply:

1. the vehicle(s) involved in the accidents must be **actually transporting** one or more pupils, children of pupils, teachers or supervisory personnel to or from school or a school activity; and
2. the transporting vehicle(s) must be either owned or contracted for by the school.

If both conditions are not met, you may be required to file form MV-104, Report of Motor Vehicle Accident.

For additional forms, write:

NYS-DMV
Inventory Services
6 Empire State Plaza
Albany, New York 12228
Fax (518) 402-1189.