New York State Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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

Page _____ of _____

Accident Date Month / Day / Year	Day of Week	Time ☐ AM ☐ PM	Number of Vehicles	Left Scene ☐	Did police investigate accident at scene? ☐ Yes ☐ No	If Yes, Name of Police Agency	1

1 DRIVER

DRIVER OF VEHICLE 1			☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN			2
Driver License ID Number	State of License		Driver License ID Number	State of License		
Last Name of Driver 1	First Name	M.I.	Last Name of Driver 2	First Name	M.I.	
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	
Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	

2 REGISTRANT

Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	3
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	

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

3 SCHOOL/ VEHICLE

Public School District Name	Private School System Name	Bus Driver: ☐ Regular ☐ Sub # of Years of Experience Driving School Bus _____ Training: ☐ Basic ☐ Advanced	Bus Capacity	How many people were standing on the bus?	5
					6

4 VEHICLE DAMAGE

Describe damage to Vehicle 1

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

Enter the diagram number from below that describes the accident;_____ or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1.

ACCIDENT DIAGRAM

Rear End 1.	Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

9.

Describe damage to Vehicle 2

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

7 / 23 / 24 / 25

5 ACCIDENT LOCATION

County of Accident ☐ City ☐ Town of ☐ Village

Nearest Intersecting Route/Street

Route No. or Street Name _____ ☐ Miles ☐ Feet ☐ At Intersection With ☐ N ☐ S ☐ E ☐ W of

Route No. or Street Name

26

Accident Description (*Give your own version*)

27 / 28

6 INSURANCE

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company Which Issued Policy	Policy Number	
Name and Address of Policyholder	Policy Period From To	29
If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.	Name and Address of Permit Holder	
VIN	If Self-Insured, give Certificate No.	and State 30

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

* 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.

COPY 1: COMMISSIONER OF MOTOR VEHICLES

New York State Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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

Page _____ of _____

Accident Date Month / Day / Year	Day of Week	Time ☐ AM ☐ PM	Number of Vehicles	Left Scene ☐	Did police investigate accident at scene? ☐ Yes ☐ No	If Yes, Name of Police Agency	1

1 DRIVER

DRIVER OF VEHICLE 1			☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN			2
Driver License ID Number	State of License		Driver License ID Number	State of License		
Last Name of Driver 1	First Name	M.I.	Last Name of Driver 2	First Name	M.I.	
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	
Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	

2 REGISTRANT

Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	3
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	

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

3 SCHOOL/ VEHICLE

Public School District Name	Private School System Name	Bus Driver: ☐ Regular ☐ Sub # of Years of Experience Driving School Bus _____ Training: ☐ Basic ☐ Advanced	Bus Capacity	How many people were standing on the bus?	5 / 6

4 VEHICLE DAMAGE

Describe damage to Vehicle 1

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

Enter the diagram number from below that describes the accident;_____ or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1.

ACCIDENT DIAGRAM

Rear End 1.	Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

9.

Describe damage to Vehicle 2

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

7 / 23 / 24 / 25

5 ACCIDENT LOCATION

County of Accident ☐ City ☐ Town of ☐ Village | Nearest Intersecting Route/Street

Route No. or Street Name _____ ☐ Miles ☐ Feet ☐ At Intersection With ☐ N ☐ S ☐ E ☐ W of | Route No. or Street Name

26

Accident Description (*Give your own version*)

27 / 28

6 INSURANCE

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company Which Issued Policy	Policy Number
Name and Address of Policyholder	Policy Period From To
If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.	Name and Address of Permit Holder
VIN	If Self-Insured, give Certificate No. / and State

29 / 30

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

* 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.

New York State Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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

Page _____ of _____

Accident Date Month / Day / Year	Day of Week	Time ☐ AM ☐ PM	Number of Vehicles	Left Scene ☐	Did police investigate accident at scene? ☐ Yes ☐ No	If Yes, Name of Police Agency	1

1 DRIVER

DRIVER OF VEHICLE 1			☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN			2
Driver License ID Number	State of License		Driver License ID Number	State of License		
Last Name of Driver 1	First Name	M.I.	Last Name of Driver 2	First Name	M.I.	
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	
Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	

2 REGISTRANT

Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	3
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	

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

3 SCHOOL/ VEHICLE

Public School District Name	Private School System Name	Bus Driver: ☐ Regular ☐ Sub # of Years of Experience Driving School Bus _____ Training: ☐ Basic ☐ Advanced	Bus Capacity	How many people were standing on the bus?	5 / 6

4 VEHICLE DAMAGE

Describe damage to Vehicle 1

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

Enter the diagram number from below that describes the accident;_____ or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1.

ACCIDENT DIAGRAM

Rear End 1.	Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

9.

Describe damage to Vehicle 2

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

7 / 23 / 24 / 25

5 ACCIDENT LOCATION

County of Accident ☐ City ☐ Town of ☐ Village

Nearest Intersecting Route/Street

Route No. or Street Name _____ ☐ Miles ☐ Feet ☐ At Intersection With ☐ N ☐ S ☐ E ☐ W of

Route No. or Street Name

26

Accident Description (*Give your own version*)

27 / 28

6 INSURANCE

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company Which Issued Policy	Policy Number
Name and Address of Policyholder	Policy Period From To
If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.	Name and Address of Permit Holder
VIN	If Self-Insured, give Certificate No. / and State

29 / 30

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

* 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.

New York State Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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

Page _____ of _____

Accident Date Month / Day / Year	Day of Week	Time ☐ AM ☐ PM	Number of Vehicles	Left Scene ☐	Did police investigate accident at scene? ☐ Yes ☐ No	If Yes, Name of Police Agency	1

1 DRIVER

DRIVER OF VEHICLE 1			☐ VEHICLE 2 ☐ PEDESTRIAN ☐ BICYCLIST ☐ OTHER PEDESTRIAN			2
Driver License ID Number	State of License		Driver License ID Number	State of License		
Last Name of Driver 1	First Name	M.I.	Last Name of Driver 2	First Name	M.I.	
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	
Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	Date of Birth Month Day Year	Sex ☐ M ☐ F	No. of Occupants	

2 REGISTRANT

Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	Name - exactly as printed on registration	Date of Birth Month / Day / Year	Sex	3
Mailing Address (*Include Number & Street*)		Apt. No.	Mailing Address (*Include Number & Street*)		Apt. No.	
City or Town	State	Zip Code	City or Town	State	Zip Code	

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

3 SCHOOL/ VEHICLE

Public School District Name	Private School System Name	Bus Driver: ☐ Regular ☐ Sub # of Years of Experience Driving School Bus _____ Training: ☐ Basic ☐ Advanced	Bus Capacity	How many people were standing on the bus?	5 / 6

4 VEHICLE DAMAGE

Describe damage to Vehicle 1

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

Enter the diagram number from below that describes the accident;_____ or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1.

ACCIDENT DIAGRAM

Rear End 1.	Left Turn 3.	Right Angle 4.	Right Turn 5.	Head On 7.
Sideswipe (same direction) 2.	Left 0.		Right Turn 6.	Sideswipe (opposite direction) 8.

9.

Describe damage to Vehicle 2

Estimated Cost of Repairs ☐ $1001 to $1500 ☐ $1501 to $2000 ☐ $2001 to $2500 ☐ Over $2500

7 / 23 / 24 / 25

5 ACCIDENT LOCATION

County of Accident ☐ City ☐ Town of ☐ Village

Nearest Intersecting Route/Street

Route No. or Street Name _____ ☐ Miles ☐ Feet ☐ At Intersection With ☐ N ☐ S ☐ E ☐ W of

Route No. or Street Name

26

Accident Description (*Give your own version*)

27 / 28

6 INSURANCE

Identify Damaged Property Other Than Vehicle(s)

Name of Insurance Company Which Issued Policy	Policy Number
Name and Address of Policyholder	Policy Period From To
If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.	Name and Address of Permit Holder
VIN	If Self-Insured, give Certificate No. / and State

29 / 30

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

* 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.

7 **ALL PERSONS INJURED OR KILLED** *(SEE INSTRUCTION 7 ON PAGE 6)*

ALL PERSONS INJURED OR KILLED

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	INJURY SECTION Check proper column(s). *See instruction 7 on Page 6.* A	B	C	If Deceased, Enter Date of Death	Describe Injuries

NOTE: If more people were involved, use form MV-104F.1, CONTINUATION SHEET

reset/clear

MV-104F (5/07)

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.

❶ **DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.

❷ **REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.

❸ **SCHOOL/VEHICLE** - Enter the name of the school and information about the vehicle involved in the accident.

❹ **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.

❺ **ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street.

❻ **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, Accident Records Bureau, 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.

❼ **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. (Complete Form MV-104F.1, Continuation Sheet, if necessary.) 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
2. Lap Belt
3. Shoulder Restraint
4. Lap Belt Restraint
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/ Shoulder Restraint

A. Air Bag Deployed/ Lap Belt/Restraint
B. Air Bag Deployed/Child Restraint
O. Other

In-Line Skater/Bicyclist
C. Helmet Only
D. Helmet/Other
E. Pads Only
F. Stoppers Only

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

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION — 2
1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking /Skating 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

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

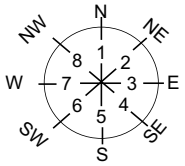
LIGHT CONDITIONS — 4
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER — 5
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION — 6
1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other

WEATHER — 7
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other

DIRECTION OF TRAVEL — Veh. 1 — 23; Veh. 2 — 24



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

PRE-ACCIDENT VEHICLE ACTION — Veh. 1 — 25; Veh. 2 — 26
1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
16. Making Right Turn on Red
17. Making Left Turn on Red
18. Police Pursuit
20. Other

LOCATION OF FIRST EVENT — 27
1. On Roadway
2. Off Roadway

TYPE OF ACCIDENT — First Event — 28

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

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

Second Event — Veh. 1 — 29; Veh. 2 — 30

NO COLLISION
31. Overturned
32. Fire/Explosion
33. Submersion
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