

SECTION 1

Instructions for Completing
POLICE ACCIDENT REPORT

Forms MV-104A and MV-104AN

COMPLETING THE "POLICE ACCIDENT REPORT", FORMS MV-104A AND MV-104AN

Page Number

- Enter the page number, even if there is only one page (for example, "Page 1 of 1 Pages").
- If there is not enough space to enter information in the "Accident Description/Officer's Notes" section, use additional forms for the same accident:
 - enter "Page 1 of 2 Pages" on the original report (DMV Copy); "Page 2 of 2 Pages" on the second report form, and so on. The page numbering should be continuous when an accident report (MV-104A or MV-104AN) requires completing a MV-104S, MV-104D, MV-104L, etc.
 - enter date, time, county and local codes on each additional form.

Local Codes, Precinct, Accident No. and Complaint No.

This block is available for use by the police agency. Enter a case number, complaint number or any other identifying

The image shows two examples of New York State Department of Motor Vehicles Police Accident Report forms. The left form is MV-104A (6/04) DMV COPY, showing page 1 of 3 pages, local codes 6074239999, and precinct SPICID000031. The right form is MV-104AN (5/04) AMENDED REPORT, showing page 1 of 1 pages, precinct 801234, and accident number.

information the police agency finds helpful.

Accident Identification Information

On the first line of the report, complete the accident identification information, as follows:

Accident Date - enter the 2-digit month, day and year. If a parked vehicle is damaged, the accident date should be the earliest date the vehicle was parked. For example, if a vehicle was parked on Friday (09/02/05) and the damage to the vehicle was not discovered until Monday (09/05/05), the accident date should be reported as Friday (09/02/05).

NOTE: The accident report cannot be processed without a valid accident date.

Day of Week - enter the first two letters of the day on which the accident occurred (for example, Friday is entered as "FR").

Military Time - enter the time the accident occurred (for example, 0015 = 12:15 A.M.).

No. of Vehicles - enter the number of motor vehicles involved in the accident. If there are more than two vehicles, use additional forms.

- If a tow truck with a vehicle in tow is involved in an accident, count the tow truck and vehicle as one vehicle.
- If a tractor-trailer is involved in an accident, count the single or tandem tractor-trailer as one vehicle.

No. Injured - enter the number of persons injured in the accident. Do not include any fatal injuries.

No. Killed - enter the number of persons killed in the accident. If no one is killed, enter zero (0).

Not Investigated at Scene - check if the officer was not present or did not investigate at the scene of the accident.

Accident Reconstructed - check if the accident was reconstructed and print the name of the accident reconstruction officer in the "Accident Description/Officer's Notes" section.

Left Scene - check if the accident meets the definition of "leaving scene of an incident", as described in Section 600 of the Vehicle and Traffic Law.

Police Photos - check the "YES" or "NO" box to indicate whether photographs of the accident scene were taken by the investigating police agency.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes
 6074339999
 SPIC1000037

AMENDED REPORT DMV COPY

Accident Date Month <u>05</u> Day <u>25</u> Year <u>06</u>		Day of Week <u>TH</u>	Military Time <u>2230</u>	No. of Vehicles <u>1</u>	No. Injured <u>1</u>	No. Killed <u>1</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Accident Reconstructed <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No						
VEHICLE 1					VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>										
VEHICLE 1 - Driver License ID Number				State of Lic.		VEHICLE 2 - Driver License ID Number				State of Lic.					
Driver Name - exactly as printed on license				Driver Name - exactly as printed on license											
Address (Include Number & Street)				Apt. No.		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	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year		Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>				
Name - exactly as printed on registration				Sex	Date of Birth Month Day Year	Name - exactly as printed on registration				Sex	Date of Birth Month Day Year				
Address (Include Number & Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>		Address (Include Number & Street)				Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	
City or Town				State		Zip Code		City or Town				State		Zip Code	
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code						
Ticket/Arrest Number(s)					Ticket/Arrest Number(s)										
Violation Section(s)					Violation Section(s)										
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.			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.			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.									
VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes			VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes			ACCIDENT DIAGRAM Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)									
Vehicle Towed: By _____ To _____			Vehicle Towed: By _____ To _____			Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No									
Reference Marker Coordinates (if available) Latitude/Northing: Longitude/Easting:			Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest Intersecting Route Number or Street Name) Feet Miles												
Accident Description/Officer's Notes															



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	B	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only		
A																	
B																	
C																	
D																	
E																	
F																	
Officer's Rank and Signature Print Name in Full												Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed

DRIVER INFORMATION

IT IS IMPORTANT TO CLEARLY PRINT THE DRIVER'S INFORMATION EXACTLY AS IT APPEARS ON THE LICENSE DOCUMENT. THIS INFORMATION IS USED TO MATCH THE REPORT WITH THE CORRECT LICENSE RECORD, OR TO CREATE A NEW CLIENT RECORD, IF NECESSARY.

Vehicle 1 - complete only if accident involved a motor vehicle or an ATV (a motorcycle, moped, or motorized bicycle is a motor vehicle) **and**

Vehicle 2 - involved a second motor vehicle/ATV, or a bicyclist, pedestrian or "other pedestrian", motorized scooters and non-motorized conveyance, such as in-line skates, skateboard, sled, wheelchair.

If more than two drivers/vehicles, bicyclist, pedestrians' or "other pedestrians" are involved in an accident, use additional report forms. Enter the information for a third driver/vehicle in the space captioned "Vehicle 1" on the second form and mark it "3", use the "Vehicle 2" space for a fourth driver/vehicle and mark it "4", and so on.

Driver License ID Number - print the number from the license document.

State of Lic. - abbreviate the state or province that issued the driver license (see Appendix B).

Driver Name - print the last name, first name and middle initial.

- parked vehicle - print "parked attended" or "parked unattended"
- vehicle left the scene of the accident - print "LSA"

NOTE: If the accident occurred in a police vehicle while in the line of duty, print a capital letter "P" in a circle, next to the name of the vehicle driver.

Address - print the driver's current address even if different than shown on the license document.

NOTE: If the accident occurred in a police vehicle while in the line of duty, print the precinct/post/troop/zone address of the vehicle driver when a driver license number and date of birth are supplied on the MV-104A or MV-104AN and/or license number is supplied on the associated MV-104L.

Date of Birth - print the driver's 2-digit month, day and year.

Sex - print "F" or "M".

Unlicensed - check only if the driver does not have any license at all. Do not check the "UNLICENSED" box if the motorist has a suspended, revoked, conditional or restricted license.

No. of Occupants - include the driver and any individuals who were in or on the vehicle at the time of the accident. (For example, include all occupants of a bus, regardless of injury status.)

Public Property Damage - check if the vehicle damaged public property such as guide rails, sign posts, or traffic signals. Public property does not include utility poles owned by a private utility company. The specific property damaged should be explained in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes
 6074339999
 SPIC10006037

AMENDED REPORT DMV COPY

Accident Date Month: 05 Day: 25 Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE 1 License ID Number: 978 654 312 State of Lic.: CA Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City or Town: SAN DIEGO State: CA Zip Code: 92199						VEHICLE 2 License ID Number: 007 321 456 State of Lic.: NY Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City or Town: MILFORD State: NY Zip Code: 13807		

Date of Birth: 06/17/50 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 07/29/29 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>
Name: HAIGHT, W, RUSTY Sex: Date of Birth: / /	Name: GALACIEWICZ, EUGENE, M Sex: Date of Birth: / /
Address: 3248 HOLLYWOOD BLVD Apt. No. Haz. Mat. Code: Released: <input type="checkbox"/>	Address: 141 GREEN STREET Apt. No. Haz. Mat. Code: Released: <input type="checkbox"/>

Plate Number: State of Reg. Vehicle Year & Make Vehicle Type Ins. Code	Plate Number: State of Reg. Vehicle Year & Make Vehicle Type Ins. Code
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

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.	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.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
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VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 3 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 3 4 5	ACCIDENT DIAGRAM 1. Rear End 2. Sideswipe (same direction) 3. Left Turn 4. Right Angle 5. Right Turn 6. Right Turn 7. Head On 8. Sideswipe (opposite direction)
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Vehicle By Towed: To Vehicle By Towed: To	Vehicle By Towed: To Vehicle By Towed: To	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No
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VEHICLE DAMAGE CODING:
 1-13. SEE DIAGRAM ON RIGHT.
 14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name) Feet Miles
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Accident Description/Officer's Notes

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature Print Name in Full	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
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