

VEHICLE REGISTRANT INFORMATION

IT IS IMPORTANT TO CLEARLY PRINT THE REGISTRANT'S INFORMATION EXACTLY AS IT APPEARS ON THE REGISTRATION DOCUMENT.

Vehicle 1 is always the vehicle operated by Driver 1, Vehicle 2 is the vehicle operated by Driver 2 , and so on. If more than two vehicles are involved in an accident, use additional report forms.

NOTE: If the vehicle is unregistered, enter the VIN in the Accident Description/Officer's Notes section.

Name - print the registrant's name exactly as shown on the registration document.

Sex - print "F" or "M".

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

Address - print the registrant's address EXACTLY as it is computer printed on the registration.

Haz. Mat Code - a hazardous material accident is a motor vehicle accident in which one or more of the involved vehicles contains any amount of regulated hazardous materials as cargo, whether or not a release or discharge of the hazardous material occurs. Fuel spilled from the vehicle fuel tank should not be counted even though it is a hazardous material.

Released - print the 4-digit hazardous material placard code from the diamond/orange panel (if applicable). Also, check the box if the substance was released. (See pages 63 for further information.)

For legal reference, see Section 378 of the V&T Law.

Plate Number - print the registration plate number of the vehicle involved in the accident.

NOTE: If the vehicle involved is a police, fire or other exempt public vehicle, print "POLICE", "FIRE", or other appropriate description in this block - DO NOT ENTER THE REGISTRATION PLATE NUMBER.

For US Post Office vehicles, enter private vehicle plate number or "POSTAL" for all others.

State of Reg. - abbreviate the state or province where the vehicle is registered.

Vehicle Year and Make - enter 4-digit year and the first 5 digit of vehicle make.

Vehicle Type - enter one of the following abbreviations: (*For commercial vehicles, see Appendix C.*)

2 dr sedan	2DSD	Pick-up Truck	PICK
4 dr sedan	4DSD	School Bus	BUS
Sedan	SEDN	Snowmobile	SNOW
All-Terrain Vehicle	ATV*	Sport Utility Vehicle	SUBN
Convertible	CONV	Station Wagon	SUBN
Farm Vehicle	FARM	Van	VAN
Moped	MOPD	Taxi	TAXI
Motor Home	H/WH	Tow Truck	TOW
Motorcycle	MCY		

*The letters ATV should be immediately followed by the number of wheels, for example: ATV2, ATV3, etc.

Ins. Code - print the 3-digit code from the NYS vehicle's Insurance Identification Card (Form FS-20 or FS-21). If there is no insurance code (for example, an out-of-state insurance company), enter the insurance company name in the Accident Description/Officer's Notes section and leave the Insurance Code Box blank. This also applies to all motor vehicles, snowmobiles and ATVs.

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

Local Codes
 6074339999
 SPIC10000037

AMENDED REPORT

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
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VEHICLE 1				VEHICLE 2				<input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN			
License ID Number: 978 654 312 State of Lic.: CA Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City/Town: SAN DIEGO, State: CA, Zip Code: 92199				License ID Number: 007 321 456 State of Lic.: NY Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City/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: CSI FUEL, INC., Date of Birth: -/-/	Name: -/-/-	Name: -/-/-	Name: -/-/-
Address: P.O. BOX 208, Apt. No.: -	Address: -	Address: -	Address: -
City: PLANO, State: TX, Zip Code: 75075	City: -	City: -	City: -

Plate Number: 54032, State of Reg.: TX, Vehicle Year & Make: 2005 MACK, Vehicle Type: I2	Plate Number: -	State of Reg.: -	Vehicle Year & Make: -	Vehicle Type: -	Ins. Code: -
Ticket/Arrest Number(s): -	Ticket/Arrest Number(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: 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	Rear End, Left Turn, Right Angle, Right Turn, Head On, Sideswipe (same direction), Left Turn, Right Turn, Sideswipe (opposite direction)
Vehicle Towed: - VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Vehicle Towed: - 	ACCIDENT DIAGRAM 9. 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
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Accident Description/Officer's Notes

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

Local Codes
 6074339999
 SPIC10000037

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 Left Scene Police Photos Yes No
 Accident Reconstructed

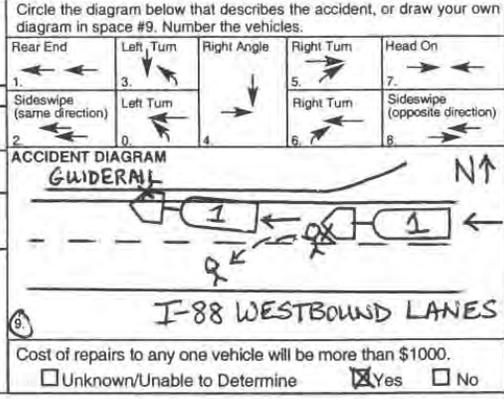
VEHICLE 1: License ID Number 978 654 312 State of Lic. CA Driver Name - exactly as printed on license HAIGHT, W, RUSTY Address (Include Number & Street) 3248 HOLLYWOOD BLVD City or Town SAN DIEGO State CA Zip Code 92199
 VEHICLE 2: License ID Number 007 321 456 State of Lic. NY Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M Address (Include Number & Street) 141 GREEN STREET City or Town MILFORD State NY Zip Code 13807

Date of Birth: VEHICLE 1: 06/17/50 Sex M Unlicensed No. of Occupants 2 Public Property Damaged VEHICLE 2: 07/29/29 Sex M Unlicensed No. of Occupants 1 Public Property Damaged
 Name - exactly as printed on registration: VEHICLE 1: CSI FUEL, INC. VEHICLE 2: [Blank]
 Address (Include Number & Street): VEHICLE 1: P.O. BOX 208 City or Town PLANO State TX Zip Code 75075 VEHICLE 2: [Blank]

Plate Number: VEHICLE 1: 54032 State of Reg. TX Vehicle Year & Make 2005 MACK Vehicle Type I2 Ins. Code [Blank] VEHICLE 2: [Blank]

Ticket/Arrest Number(s): VEHICLE 1: 1C1000M6SP VEHICLE 2: [Blank]
 Violation Section(s): VEHICLE 1: 1225-C2A VTL VEHICLE 2: [Blank]

Check if involved vehicle is:
 VEHICLE 1: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
 VEHICLE 2: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.
 DAMAGE CODES: VEHICLE 1: Box 1 - Point of Impact: 1, 2, 3; Box 2 - Most Damage: 2, 3; Enter up to three more Damage Codes: 1, 4, 5. VEHICLE 2: [Blank]



VEHICLE DAMAGE CODING:
 1-13. SEE DIAGRAM ON RIGHT.
 14. UNDERCARRIAGE 17. DEMOLISHED
 15. TRAILER 18. NO DAMAGE
 16. OVERTURNED 19. OTHER

Reference Marker: [Blank] Coordinates (if available): [Blank]
 Place Where Accident Occurred:
 County [Blank] City [Blank] Village [Blank] Town of [Blank]
 Road on which accident occurred [Blank] (Route Number or Street Name)
 at 1) intersecting street [Blank] (Route Number or Street Name)
 or 2) [Blank] N S E W of [Blank] (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes: [Blank]

	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: [Blank] Badge/ID No. [Blank] NCIC No. [Blank] Precinct/Post Troop/Zone [Blank] Station/Beat/Sector [Blank] Reviewing Officer [Blank] Date/Time Reviewed [Blank]

USE COVER SHEET