

ACCIDENT LOCATION

Reference Marker - For events occurring on state and interstate highways, enter the numbers from the Department of Transportation's reference marker nearest to the scene of the accident. Copy the numbers EXACTLY as shown on the reference marker, one number or letter per box. **Check to see that the numbers are not transposed or recorded out of position.** For example, in the first row of the illustration, the number "90I" is in the three blocks starting from the right of the reference marker.

	9	Ø	I
1	1	Ø	1
1	Ø	1	7

Coordinates - police departments will indicate the Global Positioning System (GPS) device they are using to capture "Coordinates":

- Identify the type of Coordinate system used:
 - Geographic Coordinates - DEFAULT ON MOST RECEIVERS - for example, circle "Latitude"
 - State Plane Coordinates or UTM - for example, circle Northing.
- Record the pair of Coordinates in the appropriate line to the 6th decimal place, for example, - 73.814000° (when displayed as decimal degrees) and be sure to include the negative sign (-) where appropriate. If coordinates are in degrees, minutes, seconds format, for example 73° 48'50.40", record the result exactly as it appears on the device.

Examples:

Geographic

circle
Latitude

Coordinates (if available)

Latitude/Northing: 42.685983°

Longitude/Easting: -73.814000°

State Plane or UTM

Coordinates (if available)

Latitude/Northing: 72683.04 feet

Longitude/Easting: 597179.16 feet

circle Northing

NOTE: Police agencies need to provide the information to DMV about the Global Positioning System (GPS) device they are using to capture "coordinates". (see Appendix D).

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
Accident Reconstructed <input checked="" type="checkbox"/>								

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				License ID Number: 007 321 456				State of Lic.: NY			
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			
Date of Birth: 06/17/50				Sex: M				Date of Birth: 07/29/89				Sex: M			
Name - exactly as printed on registration: CSI FUEL, INC.				Address (Include Number & Street): P.O. BOX 208				City or Town: PLANO				State: TX Zip Code: 75075			

No. of Occupants: 2				Public Property Damaged: <input checked="" type="checkbox"/>				No. of Occupants: -				Public Property Damaged: <input type="checkbox"/>			
Date of Birth: 06/17/50				Sex: M				Date of Birth: 07/29/89				Sex: M			
Name - exactly as printed on registration: CSI FUEL, INC.				Address (Include Number & Street): P.O. BOX 208				City or Town: PLANO				State: TX Zip Code: 75075			
Plate Number: 54032				State of Reg.: TX				Vehicle Year & Make: 2005 MACK				Vehicle Type: I2			

Ticket/Arrest Number(s): IC1000M6SP	Ticket/Arrest Number(s):
Violation Section(s): 1225-C2A VTL	Violation Section(s):

Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" 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: 2 3 Box 2 - Most Damage: 1 4 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 3 4 5	ACCIDENT DIAGRAM GUIDERAIL I-88 WESTBOUND LANES

Vehicle Towed: BEST TOWING To: BEST TOWING	Vehicle Towed: To:	Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Reference Marker: 88 I Coordinates (if available): Latitude/Northing: 496489 Longitude/Easting: 4699951	Place Where Accident Occurred: County: _____ Road on which accident occurred: _____ at 1) intersecting street: _____ or 2) _____ of _____
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Accident Description/Officer's Notes

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

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
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PLACE WHERE ACCIDENT OCCURRED

MV-104A - enter the **county** where the accident occurred (for example, Albany County is ALBA, Chautauqua County is CHAU, etc.) and write the name of the **city, village or town**.

MV-104AN (NYC) - identify the **borough** in which the accident occurred by checking one of the boxes (Bronx, Kings, New York, Queens, Richmond).

Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND			
Road on which accident occurred _____ (Route Number or Street Name)			
at 1) intersecting street _____ (Route Number or Street Name)			
or 2) _____ Feet Miles		<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)

Accident Location - if a state route is also a local road (for example, State Route 5/Central Ave.), enter only the state route (for example, SR5, not Central Ave.). If the accident was at an intersection, or in your judgment, intersection related, enter the name of the intersecting street.

- If the accident occurred on a road within 33 feet of an intersecting street, enter the route number or street name of the intersecting street; **or**
- If the accident occurred more than 33 feet from an intersecting street, enter the distance in feet or miles, and the direction of the accident from the nearest intersecting highway or street. The information in this box is essential for effective centralized site location coding. Area landmarks may be included in investigation notes for local agency use.

The following are abbreviations for describing the roadway.

City Street	CS	State Route/Highway	SR
County Road	CR	Town Road	TR
Interstate Highway	I	Village Road	VR

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POLICE ACCIDENT REPORT
 MV-104A (6/04)

Local Codes
 607433999
 SPIC1000037

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			<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN									
VEHICLE 1 - Driver License ID Number 978 654 312	State of Lic. CA	VEHICLE 2 - Driver License ID Number 007 321 456	State of Lic. NY									
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	Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M	Address (Include Number & Street) 141 GREEN STREET	City or Town MIL FORD	State NY	Zip Code 13807			
Date of Birth Month: 06, Day: 17, Year: 50	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month: 07, Day: 29, Year: 29	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>			
Name - exactly as printed on registration CSI FUEL, INC.	Sex -	Date of Birth Month: -, Day: -, Year: -	Name - exactly as printed on registration									
Address (Include Number & Street) P.O. BOX 208	Apt. No.	Haz. Mat. Code 1203	Released <input type="checkbox"/>	Address (Include Number & Street)								
City or Town PLANO	State TX	Zip Code 75075	City or Town									
Plate Number 54032	State of Reg. TX	Vehicle Year & Make 2005 MACK	Vehicle Type I2	Ins. Code	Plate Number				State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
Ticket/Arrest Number(s) 1C100M6SP				Ticket/Arrest Number(s)								
Violation Section(s) 1225-C2A VTL				Violation Section(s)								
Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" 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 3 Box 2 - Most Damage: 2 3 Enter up to three more Damage Codes: 1 4 5			VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1 2 Box 2 - Most Damage: 1 2 Enter up to three more Damage Codes: 3 4 5			ACCIDENT DIAGRAM GUIDERAIL 						
Vehicle Towed: By BEST TOWING To BEST TOWING			Vehicle Towed: To			Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER			Place Where Accident Occurred: County: OTSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ONEONTA Road on which accident occurred: I-88 (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) 0.2 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of EXIT 15 (Milepost, Nearest Intersecting Route Number or Street Name)									
Reference Marker Coordinates (if available) Latitude/Northing: 88 I 496489 Longitude/Easting: 9:406 2:037 469951												
Accident Description/Officer's Notes												



USE COVER SHEET
N

	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
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