

ACCIDENT DESCRIPTION/OFFICER'S NOTES

Include information about the accident which cannot be entered or coded in the other sections of the report.

For example:

- any name or address changes or inconsistencies with the computer printed license and registration information, such as a married name which differs from the computer printed name.
- information concerning anyone whose actions apparently contributed to an accident, but who was not directly involved in the collision.
- registration information for a trailer when the accident involves a tractor-trailer or a combination vehicle (information on the hauling vehicle should be in the registration area of the report).
- information on tandem trailers: owner, registration, plate numbers and type of vehicle code for each trailer (see Appendix C).
- names and addresses of witnesses. (Witness information is entered on the reverse side of the MV-104AN.)
- names and addresses of people who have had property, other than a vehicle, damaged as a result of the accident.
- an explanation of any code listed with an asterisk (*) (for example, **#20 Other*** under Pre-Accident Vehicle Action, for margin box 3, or **#4 Driver Inattention/Distract*** under Apparent Contributing Factors (Human), for Box 19).
- indicate if driver was issued a dead deer/bear possession permit and the permit number.
- out of state insurance information - company name and address.

NOTE: Line-of-duty accidents indicate that lights and siren were in use, or that the trip was in response to an emergency. (See page 92.)

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT

MV-104A (6/04)

DMV COPY

Local Codes
6074339999
SPIC10006037

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	<input type="checkbox"/> VEHICLE 2	<input type="checkbox"/> BICYCLIST	<input checked="" type="checkbox"/> PEDESTRIAN	<input type="checkbox"/> OTHER PEDESTRIAN
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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
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Driver Name - exactly as printed on license HAIGHT, W, RUSTY	Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M
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Address (Include Number & Street) 3248 HOLLYWOOD BLVD	Apt. No.	Address (Include Number & Street) 141 GREEN STREET	Apt. No.
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City or Town SAN DIEGO	State CA	Zip Code 92199	City or Town MILFORD	State NY	Zip Code 13807
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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"/>
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Name - exactly as printed on registration CSI FUEL, INC.	Sex -	Date of Birth Month - Day - Year -	Name - exactly as printed on registration	Sex	Date of Birth Month - Day - Year -
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Address (Include Number & Street) P.O. BOX 208	Apt. No.	Haz. Mat. Code 1203	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
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City or Town PLANO	State TX	Zip Code 75075	City or Town	State	Zip Code
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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
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Ticket/Arrest Number(s) 1C1000M6SP	Ticket/Arrest Number(s)
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Violation Section(s) 1225-C2A VTL	Violation Section(s)
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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.
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VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	ACIDENT DIAGRAM
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Box 1 - Point of Impact Box 2 - Most Damage	Box 1 - Point of Impact Box 2 - Most Damage	ACIDENT DIAGRAM
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Enter up to three more Damage Codes 1 4 5	Enter up to three more Damage Codes 3 4 5	ACIDENT DIAGRAM
-----------------------------------------------------	-----------------------------------------------------	-----------------

Vehicle Towed: By BEST TOWING To BEST TOWING	Vehicle Towed: To	ACIDENT DIAGRAM
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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	ACIDENT DIAGRAM
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Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
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88 I	Latitude/Northing: 496489	County OTSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ONEONTA
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94 06	Longitude/Easting: 4699951	Road on which accident occurred I-88 (Route Number or Street Name)
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20 37	or 2) 0.2 <input type="checkbox"/> N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W of EXIT 15 (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes **V-1 WAS WESTBOUND ON I-88 IN RIGHT-HAND DRIVING LANE. PED WAS WALKING WESTBOUND IN SAME LANE AND STRUCK BY V-1. PED CAME TO REST IN PASSING LANE. DP V-1 SWERVES RIGHT TO AVOID PED AND STRUCK GUIDERAIL OFF NORTH SHOULDER. DP V-1 ADMITTED TALKING ON CELL PHONE. V-1 TRAILER - 1999 TRAILITE TANKER, ME REG 135222 V-1 INS CO. - OMAHA MUTUAL - OMAHA, NE 68113. RECONSTRUCTION BY SGT DS BATES. NYS DOT NOTIFIED**

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
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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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Print Name in Full						
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"ALL INVOLVED" DATA (BOTTOM OF REPORT)

NOTE: "X" means "unknown" and a dash (-) means "does not apply".

Information on **all persons involved** in a motor vehicle accident (regardless of the type of vehicle), must be entered in Columns 8 - 13. "ALL INVOLVED" includes drivers, passengers, pedestrians, bicyclists, in-line skaters and anyone in or on a motor vehicle, at the time of the accident, **regardless of whether or not the person was injured.**

- Enter information for the total number of people entered in the "NUMBER OF OCCUPANTS" box(es) in/on the Driver Information blocks.
- Use one line (A-F) for each person, and only **one** code per box, in Columns 8 - 13.
- Use an additional report form for accidents involving more than six people.

The "ALL INVOLVED" section, Columns 8-13, illustrates an example of a motor vehicle with four occupants that have struck a pedestrian. Lines A-E have been completed for each person involved in the accident.

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

*EXPLAIN IN ACCIDENT DESCRIPTION
If a question DOES NOT APPLY, enter a dash (-).
If an answer is UNKNOWN, enter an "X".

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

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

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/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
10. Working in Roadway
11. Playing in Roadway
12. Other Actions in Roadway*
13. 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
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

ROADWAY CHARACTER

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

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

WEATHER

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

WHICH VEHICLE OCCUPIED

1. Vehicle No. 1	A. All-Terrain Vehicle (ATV)	O. Other*
2. Vehicle No. 2	B. Bicyclist	P. Pedestrian
	I. In-Line Skater	S. Snowmobiler

POSITION IN ON VEHICLE

1. Driver	2-7. Passengers
8. Riding/Hanging on Outside	

SAFETY EQUIPMENT USED

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

EJECTION FROM VEHICLE

1. Not Ejected	2. Partially Ejected	3. Ejected
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In-Line Skater/Bicyclist

C. Helmet Only	D. Helmet/Other
E. Pads Only	F. Stoppers Only
0. Other*	

AGE **SEX**
M/F

APPARENT CONTRIBUTING FACTORS

Human

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted*
5. Driver Inexperience*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
27. Failure to Keep Right
21. Fatigued/Drowsy
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device*
25. Outside Car Distraction*
26. Reaction to Other Uninvolved Vehicle
28. Aggressive Driving/Road Rage*

Vehicle

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Defective
50. Driverless/Runaway Vehicle
60. Other Vehicle*

Environmental

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

DIRECTION OF TRAVEL:

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead
2. Making Right Turn
16. Making Right Turn on Red
3. Making Left Turn
17. Making Left Turn on Red
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
18. Police Pursuit
20. Other*

LOCATION OF FIRST EVENT

1. On Roadway
2. Off Roadway

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	

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-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
26. Median-End
27. Barrier
28. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object*

NO COLLISION

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

INJURED TAKEN

17 BY	TO	18
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COVER SHEET **USE COVER SHEET**

N N

A	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
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
Print Name in Full						