

COLUMN 8 - WHICH VEHICLE OCCUPIED

- Starting with the driver of Vehicle 1 on Line A, and identify **ALL** of the other passengers on the next available lines (Lines B, C, D,...)
- After listing all occupants in Vehicle 1, list the driver of Vehicle 2 and any other passengers, on the next available lines.
- Then, if additional vehicles are involved, write "3", "4", etc. on the next available lines.

Enter any non-occupant status as follows:

- A - ATV rider
- B - Bicyclist
- I - In-line skater
- P - Pedestrian
- S - Snowmobiler
- O - Other* (You must explain in the ACCIDENT DESCRIPTION/OFFICER'S NOTES section what type of conveyance the person was using, such as a motorized scooter, motorized wheelchair, etc.)

COLUMN 9 - POSITION IN/ON VEHICLE

Indicate the position of each person involved in, or riding on, the vehicle by entering one of the following codes:

- 1 - Driver
 - 2 - Middle front seat, or passenger lying across a seat
 - 3 - Front passenger, if two or more persons, including the driver, are in the front seat
 - 4 - Left rear passenger; or rear passenger on a bicycle, motorcycle, snowmobile
 - 5 - Middle rear seat, or passenger lying across a seat
 - 6 - Right rear passenger or motorcycle sidecar passenger
 - 7 - Any person in the rear of a station wagon, pick-up truck; all passengers on a bus, etc.
 - 8 - Riding/Hanging Outside
- If one person is seated on another person's lap, enter a "9" for seating position.
 - For pedestrians, enter a dash (-) for "does not apply".
 - For bicyclist, enter "1" or "4" for the seating position. DO NOT LEAVE BLANK.

Example: If a "1" is entered on Line A in Column 8, indicating that this person was in Vehicle 1, enter a "1" in Column 9 to show that this person was in the driver's seat.

If a "1" is entered on Line B in Column 8, indicating that this person was a passenger in Vehicle 1, and if the person was seated in the right passenger position, enter a "3" in Column 9.

If a "2" is entered on Line C in Column 8, indicating that this person was in Vehicle 2, enter a "1" in Column 9 to show that this person was in the driver's seat.

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
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway*
 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL
 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
 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
 2. Wet
 3. Muddy
 4. Snow/Ice
 5. Slush
 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

IN-LINE SKATER/BICYCLIST
 C. Helmet Only
 D. Helmet/Other
 E. Pads Only
 F. Stoppers Only
 0. Other*

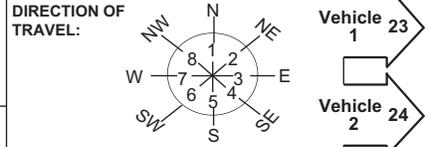
EJECTION FROM VEHICLE
 1. Not Ejected
 2. Partially Ejected
 3. Ejected

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*

Vehicular
 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 Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*

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



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".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT
 1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body

TYPE OF PHYSICAL COMPLAINT
 1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash

VICTIM'S PHYSICAL AND EMOTIONAL STATUS
 1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious

INJURED TAKEN BY TO 18

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

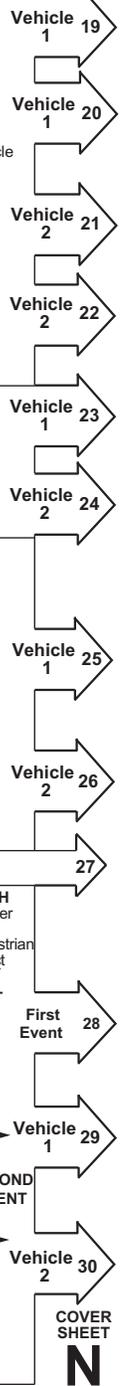
COLLISION WITH FIXED OBJECT
 11. Light Support/Utility Pole
 12. Guide Rail-Not At End
 25. Guide Rail-End
 13. Crash Cushion
 14. Sign Post
 15. Tree
 16. Building/Wall
 17. Curbing
 18. Fence
 19. Bridge Structure
 20. Culvert/Head Wall
 21. Median-Not At End
 26. Median-End
 27. Barrier
 22. Snow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

NO COLLISION
 31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1													
B	1	3													
C	P	-													
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 Reported



COLUMN 10 - SAFETY EQUIPMENT USED

Identify the safety equipment used by each person in each involved vehicle:

- 1 - None (person not using any safety equipment)
- 2 - Lap (Seat) Belt Used
- 3 - Harness (Shoulder) Belt Used
- 4 - Both Harness and Lap Belts Used
- 5 - Child Restraint Only Used
- 6 - Helmet Used (Motorcycle, ATVs and Snowmobiles Only)
- 7 - Air Bag Deployed
- 8 - Air Bag Deployed/Lap Belt
- A - Air Bag Deployed Harness
- B - Air Bag Deployed/Lap Belt/Harness

In-Line Skater/Bicyclist:

- C - Helmet Only
- D - Helmet/Other
- E - Pads Only
- F - Stoppers Only

- If entering "Ø" (zero) for "Other*", give a brief description in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- For pedestrians/other pedestrian, enter a dash (-) for "does not apply".

NOTE: If it is not possible to confidently determine whether safety equipment was actually used, enter "X" to indicate "unknown". DO NOT LEAVE BLANK.

COLUMN 11 - EJECTION FROM VEHICLE

NOTE: For pedestrians, bicyclists, and in-line skaters, enter a dash (-) for "does not apply".

- 1 - If the driver and passenger in the same vehicle were not ejected, enter a "1" for both individuals.
- 2 - If an occupant's body protruded from a vehicle, enter a "2" for "Partially Ejected".
- 3 - If the driver of was completely ejected from the vehicle, enter a "3".

COLUMN 12 - AGE

Write the current age, in years of each person at the date of the accident. (For infants who are born and live only for a short time with less than 1 yr. of age, enter "Ø" (zero).

NOTE: If a child is 'stillborn', it is NOT considered a fatality in the accident

COLUMN 13 - SEX

Enter "M" or "F".

- 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
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway *
 14. Not in Roadway (Indicate) *

- TRAFFIC CONTROL**
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**
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
 2. Wet
 3. Muddy
 4. Snow/Ice
 5. Slush
 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
 2. Vehicle No. 2
- A. All-Terrain Vehicle (ATV)
 B. Bicyclist
 I. In-Line Skater
 O. Other *
 P. Pedestrian
 S. Snowmobile

- 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

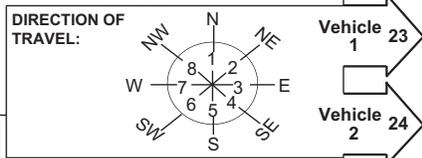
In-Line Skater/Bicyclist

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/Distracton*
 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 Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- 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



- 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
 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
 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
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*

- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

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

- LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**
1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body

- TYPE OF PHYSICAL COMPLAINT**
1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash

- VICTIM'S PHYSICAL AND EMOTIONAL STATUS**
1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious

INJURED TAKEN

17 BY | TO 18

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M									
B	1	3	4	1	52	M									
C	P	-	-	-	76	M									
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/T _____

COLUMNS 14-16 - INJURED/KILLED PERSONS DATA

- The investigating officer is responsible only for determining the injuries at the accident scene. A medical diagnosis of an injury is not necessary.
- If an involved person is not injured, enter dashes (-), in Columns 14 - 16.
- If injuries cannot be determined, enter "X" for "unknown".

LOCATION OF MOST SEVERE PHYSICAL COMPLAINT (COLUMN 14); FOR INJURED PERSONS ONLY

Enter only one code for the part of the body that is most severely injured, even when a person has numerous injuries.

- | | |
|-----------|--------------------------|
| 1 - head | 7 - shoulder-upper arm |
| 2 - face | 8 - elbow-lower arm-hand |
| 3 - eye | 9 - abdomen-pelvis |
| 4 - neck | 10 - hip-upper leg |
| 5 - chest | 11 - knee-lower leg-foot |
| 6 - back | 12 - entire body |

COLUMN 15 - TYPE OF PHYSICAL COMPLAINT; FOR INJURED PERSONS ONLY

Enter only one code that describes the type of most severe physical injury sustained.

- | | |
|---------------------|----------------------------|
| 1 - Amputation | 8 - Severe Burn |
| 2 - Concussion | 9 - Fracture - Dislocation |
| 3 - Internal | 10 - Contusion - Bruise |
| 4 - Minor Bleeding | 11 - Abrasion |
| 5 - Severe Bleeding | 12 - Complaint of Pain |
| 6 - Minor Burn | 13 - None Visible |
| 7 - Moderate Burn | 14 - Whiplash |

COLUMN 16 - VICTIM'S PHYSICAL AND EMOTIONAL STATUS; FOR INJURED PERSONS ONLY

Enter only one code that describes the overall condition of each injured person.

A victim's status is defined as follows:

- 1 - Dead at the scene.
- 2 - Unconscious - victim unaware of surroundings and does not respond to stimuli, verbal or physical.
- 3 - Semiconscious - victim not fully aware of surroundings.
- 4 - Incoherent - victim lacks orderly continuity of thought.
- 5 - Shock - depressed conditions of all body functions, resulting from serious injury or the incident.
- 6 - Conscious - normal and aware of surroundings.

- 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**
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 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 (Indicate) *

- TRAFFIC CONTROL**
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
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- LIGHT CONDITIONS**
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 5. Dark-Road Unlighted

- ROADWAY CHARACTER**
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 3. Straight at Hillcrest
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- ROADWAY SURFACE CONDITION**
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 0. Other*

- WEATHER**
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- POSITION IN/ON VEHICLE**
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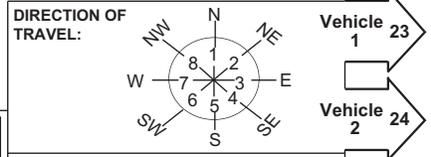
- SAFETY EQUIPMENT USED**
1. None
 2. Lap Belt
 3. Harness
 4. Lap Belt/Harness
 5. Child Restraint Only
 6. Helmet (Motorcycle Only)
 7. Air Bag Deployed
 8. Air Bag Deployed/Lap Belt
 9. Air Bag Deployed/Harness
 - A. Air Bag Deployed/Lap Belt/Harness
 - B. Air Bag Deployed/Child Restraint

- EJECTION FROM VEHICLE**
1. Not Ejected
 2. Partially Ejected
 3. Ejected
- AGE** **SEX**
M/F

8	9	10	11	12	13	14	15	16	17	BY	TO	18
A	1	4	1	55	M	11	12	6				
B	3	4	1	52	M	-	-	-				
C	P	-	-	76	M	12	3	1				
D												
E												
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
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 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 Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
- 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



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".

- LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**
1. Head
 2. Face
 3. Eye
 4. Neck
 5. Chest
 6. Back
 7. Shoulder-Upper Arm
 8. Elbow-Lower Arm-Hand
 9. Abdomen - Pelvis
 10. Hip-Upper Leg
 11. Knee-Lower Leg-Foot
 12. Entire Body

- TYPE OF PHYSICAL COMPLAINT**
1. Amputation
 2. Concussion
 3. Internal
 4. Minor Bleeding
 5. Severe Bleeding
 6. Minor Burn
 7. Moderate Burn
 8. Severe Burn
 9. Fracture - Dislocation
 10. Contusion - Bruise
 11. Abrasion
 12. Complaint of Pain
 13. None Visible
 14. Whiplash

- VICTIM'S PHYSICAL AND EMOTIONAL STATUS**
1. Apparent Death
 2. Unconscious
 3. Semiconscious
 4. Incoherent
 5. Shock
 6. Conscious

- 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
 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
 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
 22. Snow Embankment
 23. Earth Embankment/Rock Cut/Ditch
 24. Fire Hydrant
 30. Other Fixed Object*

- NO COLLISION**
31. Overturned
 32. Fire/Explosion
 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

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: _____

INJURED TAKEN BY (COLUMN 17)

Complete this column only if the injured person was taken directly from the scene of the accident to a medical facility/provider or to a morgue.

- If the vehicle is registered as a New York State ambulance, enter the plate number.
- If the vehicle is not a registered New York State ambulance, enter one of the following codes:

9992 - Helicopter
9993 - Out-of-state ambulance
9994 - Coroner's van or municipal emergency equipment
9995 - Private vehicle
9996 - Invalid coach (hearse or vehicle that does not provide emergency health care)
9997 - Fire vehicle
9998 - Police car
9999 - Police ambulance

INJURED TAKEN TO (COLUMN 18)

- Enter the 4-digit hospital code for the New York State hospital where the injured person is taken. These codes, as well as hospital codes for surrounding states, are listed on the back cover of each set of accident report forms.
- If a victim is taken directly to a hospital morgue, enter the code for the hospital in which the morgue is located.
- Enter a dash (-) if the victim is taken to a facility other than a hospital morgue.

NAMES OF ALL INVOLVED; IF DECEASED, ALSO INCLUDE DATE OF DEATH

NOTE: The coroner of the county in which the death occurred must be advised of all fatalities by the police agency investigating the accident.

- Enter the last name, first named and middle initials of any person in the accident, on the line next to their data.
- Fatal Accident - enter the DATE OF DEATH after the name of any person fatally injured.

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
 11. Working in Roadway
 12. Playing in Roadway
 13. Other Actions in Roadway*
 14. Not in Roadway (Indicate)*

TRAFFIC CONTROL
 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
 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
 2. Wet
 3. Muddy
 4. Snow/Ice
 5. Slush
 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

AGE **SEX**
 M/F

INJURED TAKEN
 17 BY TO 18

APARENT 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*
Vehicular
 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 Inadequate
 50. Driverless/Runaway Vehicle
 60. Other Vehicular*
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
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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
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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	1	1	4	1	55	M	11	12	6	-	-	-	HAIGHT, W, RUSTY		
B	1	3	4	1	52	M	-	-	-	-	-	-	MUIR, BRADLEY, A		
C	P	-	-	-	76	M	12	3	1	9994	3801	-	GALACIEWICZ, EUGENE, M		05/25/06
D															
E															
F															
Officer's Rank and Signature										Badge/ID No.	NCIC No.	Precinct/Post	Station/Beat	Reviewing Officer	Date/Time
Print Name in Full												Troop/Zone	Sector		