

ENTRIES REQUIRED FOR BOXES 1 - 7 (LEFT SIDE)

The MV-104A and MV-104AN accident report forms have seven boxes in the left margin, numbered 1 - 7. Fill in each box with the proper entry, as determined from codes listed on the cover sheet.

BOX 1 - PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- If no Pedestrian, Bicyclist or Other Pedestrian was involved, enter a dash (-) in Box 1 and Box 2.
- Enter one of the following codes to indicate whether or not the Pedestrian, Bicyclist or Other Pedestrian was at an intersection:
 - 1 - Pedestrian, Bicyclist or Other Pedestrian at Intersection
 - 2 - Pedestrian, Bicyclist or Other Pedestrian Not at Intersection
- If a "1" is entered, you must indicate the location of the intersection where the accident occurred.
- If "1" or "2" is entered, you must complete Box 2.

BOX 2 - PEDESTRIAN/ BICYCLIST/OTHER PEDESTRIAN ACTION

Enter one of the following codes for the action of the first Pedestrian, Bicyclist or Other Pedestrian:

- 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 - Paying in Roadway
- 13 - Other Actions in Roadway*
- 14 - Not in Roadway (indicate)*

- Explain the second Pedestrian's, Bicyclist's or Other Pedestrian's action, in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- If no Pedestrian, Bicyclist or Other Pedestrian was involved, enter a dash (-).

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
 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*

APPARENT CONTRIBUTING FACTORS

Human
 1. Alcohol Involvement
 2. Backing/Unsafely
 3. Driver Inattention/Distracted*
 4. Driver Inexperience*
 5. Drugs (Illegal)
 6. Failure to Yield Right-of-Way
 7. Fatigue/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
 21. Cell Phone (hand-held)
 22. Cell Phone (hands-free)
 23. Outside Car Distraction*
 24. Reaction to Other Uninvolved Vehicle
 26. 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
 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
 13. Guide Rail-End
 14. Crash Cushion
 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*

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

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

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
 13. Guide Rail-End
 14. Crash Cushion
 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
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NO COLLISION
 31. Overturned
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 33. Submersion
 34. Ran Off Roadway Only
 40. Other*

INJURED TAKEN
 17 BY TO 18

Vehicle 1 19
 Vehicle 1 20
 Vehicle 2 21
 Vehicle 2 22
 Vehicle 1 23
 Vehicle 2 24
 Vehicle 1 25
 Vehicle 2 26
 Vehicle 1 27
 First Event 28
 Vehicle 1 29
 Vehicle 2 30
 COVER SHEET
 USE COVER SHEET

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

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

BOX 3 - TRAFFIC CONTROL

NOTE: “X” is not an acceptable entry.

Identify the traffic control at the accident scene, by entering one of the following codes:

- | | |
|--------------------------------|---|
| 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 | |

BOX 4 - LIGHT CONDITIONS

Identify the light condition at the accident scene, by entering one of the following codes:

- 1 - Daylight
- 2 - Dawn
- 3 - Dusk
- 4 - Dark-Road Lighted
- 5 - Dark-Road Unlighted

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
 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*

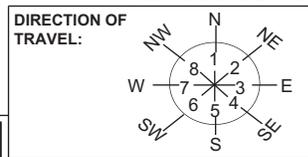
WEATHER
 1. Clear
 2. Cloudy
 3. Rain
 4. Snow
 5. Sleet/Hail/Freezing Rain
 6. Fog/Smog/Smoke
 0. Other*

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".

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

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

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*

Vehicle 1 19
 Vehicle 1 20
 Vehicle 2 21
 Vehicle 2 22
 Vehicle 1 23
 Vehicle 2 24
 Vehicle 1 25
 Vehicle 2 26
 Vehicle 1 27
 First Event 28
 Vehicle 1 29
 Vehicle 2 30

COVER SHEET
 N N
 USE COVER SHEET

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17	BY	TO	18
A	1	1	4	1	55	M	11	12	6	-	-	-	-
B	1	3	4	1	52	M	-	-	-	-	-	-	-
C	P	-	-	-	76	M	12	3	1	9994	3801	GALACIEWICZ, EUGENE, M	05/25/06
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: _____

BOX 5 - ROADWAY CHARACTER

NOTE: “X” is not an acceptable entry.

Identify the character of the roadway at the accident scene, by entering one of the following codes:

- 1 - Straight and Level
- 2 - Straight and Grade
- 3 - Straight and Hillcrest
- 4 - Curve and Level
- 5 - Curve and Grade
- 6 - Curve at Hillcrest

BOX 6 - ROADWAY SURFACE CONDITION

Identify the roadway surface condition, when and where the accident occurred, by entering one of the following codes:

- 1 - Dry
- 2 - Wet
- 3 - Muddy
- 4 - Snow/Ice
- 5 - Slush
- 6 - Flooded
- 0 - Other* (Provide an explanation in the “ACCIDENT DESCRIPTION/OFFICER’S NOTES” section.)

BOX 7 - WEATHER

Identify the weather condition, when/where the accident occurred, by entering one of the following codes:

- 1 - Clear
- 2 - Cloudy
- 3 - Rain
- 4 - Snow
- 5 - Sleet/Hail/Freezing Rain
- 6 - Fog/Smog/Smoke
- 0 - Other *(Provide an explanation in the “ACCIDENT DESCRIPTION/OFFICER’S NOTES” section.)

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	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*

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

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

Vehicle 1 27

First Event 28

Vehicle 1 29

Vehicle 2 30

COVER SHEET N

USE COVER SHEET N

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".

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**

AGE	SEX
M/F	

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

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
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*

ALL INVOLVED	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

Print Name in Full

Badge/ID No.

NCIC No.

Precinct/Post Troop/Zone

Station/Beat Sector

Reviewing Officer

Date/Time Reviewed