

1  
2  
3  
4  
5  
6  
7

**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

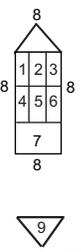
**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**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

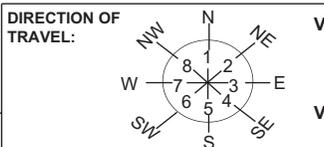
AGE SEX M/F

**APPARENT CONTRIBUTING FACTORS**

- Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/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\*

**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

**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 29  
 Vehicle 2 30

19  
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1  
28  
29  
30

COVER SHEET  
 N  
 N  
 USE COVER SHEET

ALL INVOLVED	9	10	11	12	13	14	15	16	17	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/ Troop/Zone \_\_\_\_\_ Reviewing Officer \_\_\_\_\_ Date/Time Reviewed \_\_\_\_\_

## BOXES 28, 29 AND 30 - TYPE OF ACCIDENT

**NOTE:** "X" is not an acceptable entry.

Identify the type of accident that occurred; determine what the vehicle collided with; and show any pertinent non-collision factor.

**Box 28** - the "First Event" is the initial damage or injury producing action that occurred.

**Boxes 29 (Vehicle 1) and 30 (Vehicle 2)** - "Second Event" is any collision or vehicle accident action that occurs for each vehicle, as a direct result of the "First Event," if applicable.

**Note:** If there are more than two events, enter the most serious "Second Event," based on your investigation.

- Use the following codes, to complete Boxes 28 - 30:

### 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)*

### Collision With Fixed Object

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

### No Collision

31 - Overturned
32 - Fire/Explosion
33 - Submersion
34 - Ran Off Roadway Only
40 - Other*

**Note:** If Code 34 is entered in Box 28, no other codes should be entered in Boxes 29 and Box 30.

**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

**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

**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

**DIRECTION OF TRAVEL:**

**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Right Turn on Red  
 4. Making Left Turn  
 5. Making Left Turn on Red  
 6. Making U Turn  
 7. Starting from Parking  
 8. Starting in Traffic  
 9. Slowing or Stopping  
 10. Stopped in Traffic  
 11. Entering Parked Position  
 12. Parked  
 13. Avoiding Object in Roadway  
 14. Changing Lanes  
 15. Passing  
 16. Merging  
 17. 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\*

**COVER SHEET**  
 N N

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
D													05/25/06
E													
F													

Officer's Rank and Signature: \_\_\_\_\_  
 Print Name in Full: \_\_\_\_\_

Badge/ID No. \_\_\_\_\_ NCIC No. \_\_\_\_\_ Precinct/Post \_\_\_\_\_ Station/Beat/Sector \_\_\_\_\_  
 Troop/Zone \_\_\_\_\_ Reviewing Officer \_\_\_\_\_

Date/Time Reviewed: \_\_\_\_\_

## POLICE IDENTIFICATION INFORMATION

**Officer completing report**, must provide the following:

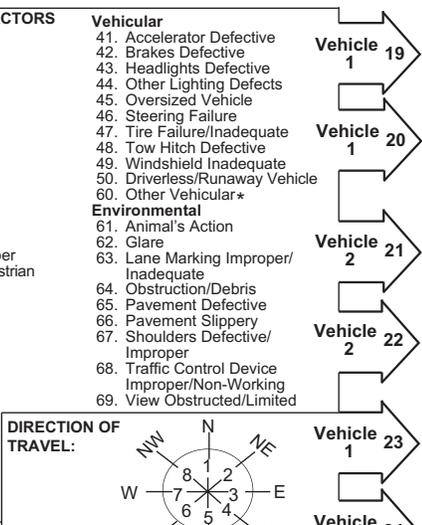
- **Officer's Rank and Signature** - sign and identify his/her rank.
- **Print Name in Full** - the police officer must print his/her name.
- **Badge/ID No.** - enter the Badge/ID No1 (MV-104A) or NYS Tax ID No. (MV-104AN)
- **NCIC No.** - enter the middle five positions of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NYS1234500, enter only 12345).
- **Precinct, Post Troop or Zone** - if applicable; and
- **Station, Beat or Sector** - if applicable.

**Officer reviewing report**, must provide the following:

- **Reviewing Officer** - enter his/her initials; and
- **Date and Time Reviewed** - enter the date and military time that the officer reviews the report.

- 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  
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 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**  
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 2. Straight and Grade  
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- 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/Distracton\*  
 4. Driver Inexperience\*  
 5. Drugs (Illegal)  
 6. Failure to Yield Right-of-Way  
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 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Cell Phone (hand-held)  
 22. Cell Phone (hands-free)  
 23. Other Electronic Device\*  
 24. Outside Car Distraction\*  
 25. 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  
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 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
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- Environmental**  
 61. Animal's Action  
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 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

- PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Right Turn on Red  
 4. Making Left Turn  
 5. Making Left Turn on Red  
 6. Making U Turn  
 7. Starting from Parking  
 8. Starting in Traffic  
 9. Slowing or Stopping  
 10. Stopped in Traffic  
 11. Entering Parked Position  
 12. Parked  
 13. Avoiding Object in Roadway  
 14. Changing Lanes  
 15. Passing  
 16. Merging  
 17. 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  
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 20. Bridge Structure  
 21. Culvert/Head Wall  
 22. Median-Not At End  
 23. Median-End  
 24. Barrier  
 25. Snow Embankment  
 26. Earth Embankment/Rock Cut/Ditch  
 27. Fire Hydrant  
 30. Other Fixed Object\*

**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

**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

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

**COVER SHEET**  
 N N

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	3801	GALACIEWICZ, EUGENE, M 05/25/06
D													
E													
F													

Officer's Rank and Signature: **TPR JO Smith**  
 Print Name in Full: **TROOPER JO SMITH**  
 Badge/ID No.: **10378**  
 NCIC No.: **13801**  
 Precinct/Post Troop/Zone: **C/1**  
 Station/Beat Sector: **ONEO**  
 Reviewing Officer: **DLC**  
 Date/Time Reviewed: **05/26/06 1300**

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