

SECTION 2

Instructions for Amending Forms MV-104A and MV-104AN

PAGE LEFT BLANK INTENTIONALLY

HOW TO AMEND FORMS MV-104A AND MV-104AN

Whenever it is necessary to make changes to a Police Accident Report (MV-104A or MV-104AN) previously submitted to DMV, you **must** submit an "Amended Report". An "Amended Report" provides new information, such as in the following examples:

- in a hit-and-run accident, where the driver of the hit-and-run vehicle is later identified; or
- in an injury accident that results in the death of the individual, 1 year from the date of the accident.

To amend the original accident report information on our computer files, the information on the "Amended Report" **MUST EXACTLY MATCH** the critical identifying information on the original accident report, previously submitted, regardless if the information originally reported was incorrect.

Complete the "Amended Report," by providing the following information **EXACTLY** as shown in the **ORIGINAL** report, previously submitted:

- enter "Page 1 of 1" at the top of a new "Police Accident Report" (MV-104A or MV-104AN);
- check the "Amended Report";
- enter the original date and military time of the accident;
- enter **ALL** driver and registration information, as originally reported; and
- enter the location and county where the accident originally occurred.

How to Report the Changed Information

- Changes to the original report **MUST ONLY** be described in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- For example, if the accident date is changing, enter the original date of the accident on the top of the report, and enter the new accident date in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.

Note: Send the "**DMV COPY**" (first copy) of the "amended report" to DMV.

The next two pages show examples of a copy of an original report, previously submitted to DMV, and the "Amended Report". Changes are noted in the "Accident Description/Officer's Notes" section. Only the "Amended Report" is submitted to DMV.

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

COPY OF ORIGINAL
 REPORT SUBMITTED
 TO DMV

Local Codes
 6074339999
 SPIC10000037

AMENDED REPORT

1 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 ; Left Scene ; Police Photos Yes No; Accident Reconstructed

2 VEHICLE 1: License ID Number 978 654 312; State of Lic. CA; 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

2 VEHICLE 2: License ID Number 007 321 456; State of Lic. NY; Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M; Address (Include Number & Street) 141 GREEN STREET; City or Town MILFORD; State NY; Zip Code 13807

3 Date of Birth: V1 (06/17/50) M; V2 (07/29/29) M; Sex M; Unlicensed ; No. of Occupants 2; Public Property Damaged

4 Name - exactly as printed on registration: V1 CSI FUEL, INC.; V2 -

5 Address (Include Number & Street): V1 P.O. BOX 208; V2 -; City or Town: V1 PLANO, TX 75075; V2 -

5 Ticket/Arrest Number(s): 1C1000M6SP; Violation Section(s): 1225-C2A VTL

6 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.

7 VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact 1 2; Box 2 - Most Damage 2 3; Enter up to three more Damage Codes 1 4 5

7 VEHICLE 2 DAMAGE CODES: Box 1 - Point of Impact 1 2; Box 2 - Most Damage -; Enter up to three more Damage Codes 3 4 5

8 Vehicle Towed: V1 By BEST TOWING To BEST TOWING; V2 To -

9 ACCIDENT DIAGRAM: GUIDERAIL, I-88 WESTBOUND LANES. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to Determine Yes No

10 Reference Marker: 88 I, 9406, 2037; Coordinates (If available): Latitude/Northing: 496489; Longitude/Easting: 4699951

11 Place Where Accident Occurred: County OTSE; City/Village/Town of ONEONTA; Road on which accident occurred I-88; at 1) intersecting street -; at 2) 0.2 Exit 15

12 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. OP V-1 SWERVES RIGHT TO AVOID PED AND STRUCK GUIDERAIL OFF NORTH SHOULDER. OP 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

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	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																

13 Officer's Rank and Signature: TPR JO Smith; Print Name: 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

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

"AMENDED REPORT"

Local Codes
 6074339999
 SPIC1000037

AMENDED REPORT

1 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 Accident Reconstructed PEDESTRIAN OTHER PEDESTRIAN Left Scene Police Photos Yes No

2 VEHICLE 1: License ID Number 978 654 312 State of Lic. CA 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
 VEHICLE 2: License ID Number 007 321 456 State of Lic. NY Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M Address (Include Number & Street) 141 GREEN STREET City or Town MILFORD State NY Zip Code 13807

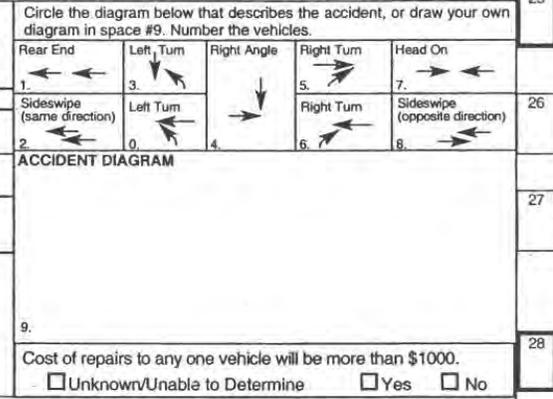
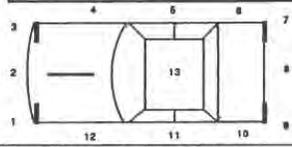
3 Date of Birth: VEHICLE 1: 06/17/50 M Unlicensed No. of Occupants 2 Public Property Damaged VEHICLE 2: 07/29/29 M Unlicensed No. of Occupants 1 Public Property Damaged

4 Name-exactly as printed on registration: VEHICLE 1: CSI FUEL, INC. Sex - Date of Birth - City or Town PLANO State TX Zip Code 75075
 VEHICLE 2: Name-exactly as printed on registration - Sex - Date of Birth - City or Town - State - Zip Code -

5 Plate Number: VEHICLE 1: 54032 TX 2005 MACK I2 Vehicle Year & Make Vehicle Type Ins. Code
 VEHICLE 2: Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code

6 Ticket/Arrest Number(s) Violation Section(s)

7 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER



Reference Marker Coordinates (if available) Latitude/Northing Longitude/Easting
 Place Where Accident Occurred: County City Village Town of Road on which accident occurred (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) Feet Miles of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes
 New Accident Date: 05/26/06

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	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

PAGE LEFT BLANK INTENTIONALLY