

SECTION 3

Instructions for Completing

TRUCK AND BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

Form MV-104S

**POLICE REPORTING OF QUALIFYING
COMMERCIAL MOTOR VEHICLE ACCIDENTS
FORM MV-104S**

The "Truck and Bus Supplemental Police Accident Report", form MV-104S, is used by police officers to report information about certain trucks, tractor-trailers and buses involved in accidents. The US Department of Transportation, Federal Motor Carrier Safety Administration and the NYS Vehicle & Traffic Law requires police agencies to report this information to DMV.

STATUTORY REQUIREMENTS

The US Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA), issued a Final Rule (49 CFR Parts 390 and 394), published in the Federal Register on February 2, 1993, effective March 4, 1993, requiring states to report to the FMCSA certain information regarding truck and bus accidents occurring on and after January 1, 1994.

Section 603, subdivision 2 of the Vehicle & Traffic Law requires, "...every police officer or judicial officer to whom an accident shall have been reported involving a commercial vehicle as defined in either subdivision four of section five hundred one-a or subdivision one of section five hundred nine-p of this chapter shall immediately investigate the facts, or cause the same to be investigated and report the matter to the commissioner forthwith..."

HOW TO DETERMINE IF FORM MV-104S IS REQUIRED

Complete form MV-104S only if the following criteria apply:

The accident involved a qualifying vehicle, as listed below:

- any commercial truck having a Gross Vehicle Weight Rating (GVWR) or Gross Combined Weigh Rating (GCWR) > 10,000 lbs.;
- any vehicle displaying hazardous materials (Haz Mat) placard; or
- a bus designed to carry 9 or more persons, including the driver.

AND

One of the following events occurred:

- at least one vehicle was towed/transported from the scene (other than for a flat tire);
- at least one person sustained fatal injuries; **or**
- at least one person was transported for immediate medical treatment.

Local Codes



**TRUCK and BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT**

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau,
PO Box 2084, Albany NY 12220-0084

AMENDED REPORT

INSTRUCTIONS You must complete this form:

- ◆ if at least one of the vehicles involved is:
 - a truck having a GVWR or GCWR > 10,000 lbs.; or
 - a vehicle with a Haz Mat placard; or
 - a bus designed to carry 9 or more persons, including the driver;
- ◆ AND at least one of the following conditions is met:
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment
 - at least one vehicle is disabled and was towed/transported from the scene.

Number of:

___ Trucks having a GVWR or GCWR > 10,000 lbs.

___ Vehicles with a Haz Mat placard

___ Buses designed to carry 9 or more persons

Number of Vehicles:

___ Towed/transported from scene due to damage

Number of Persons:

___ Sustaining fatal injuries

___ Transported for IMMEDIATE medical treatment

ACCIDENT DATE Mo. Day Year	MILITARY TIME	COUNTY	CITY/TOWN/VILLAGE
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DRIVER	DRIVER LICENSE ID #	STATE OF LIC.
	DRIVER NAME - exactly as printed on license (Last, First, M.I.)	
	LICENSE CLASS	

1 A	2 B	3 CDL C	4 D	5 DJ	DATE OF BIRTH Mo. Day Year	SEX 1 Male 2 Female
6 E	7 M	8 MJ	9 OTHER	10 DM		

CARRIER	CARRIER NAME			
	STREET OR P.O. BOX	CITY	STATE	ZIP CODE
	PLATE NUMBER	STATE OF REG.	CARRIER'S IDENTIFICATION NUMBERS	

2	WEIGHT RATING OF TRUCK POWER UNIT	VEHICLE IDENTIFICATION NUMBER
	1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.	

3	VEHICLE CONFIGURATION	TRAFFIC WAY
	1 Bus (seats for more than 15 people, including driver) 2 Single-unit Truck (2-axle, 6-tire) 3 Single-unit Truck (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays a Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard 12 Bus (seats for 9 - 15 people, including driver)	1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, positive median barrier 4 One-way not divided 5 Not reported

4	CARGO BODY TYPE	ACCESS CONTROL
	1 Bus (seats for more than 15 people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats for 9-15 people, including driver)	1 No Access Control 2 Full Access Control 4 Partial Access Control

5	HAZARDOUS MATERIALS INVOLVEMENT	SEQUENCE OF EVENTS (FOR THIS VEHICLE)	
	Does vehicle have Haz Mat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: NAME OF HAZ MAT CLASS:	1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision)	13 Involving Animal (collision) 14 Involving Fixed Object (collision) 18 Cross Median/Centerline (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) 20 Other (noncollision) 21 Unknown (noncollision) 22 With Work Zone Maintenance Equipment (collision)

6	WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No	OFFICER'S RANK AND SIGNATURE	BADGE/ID NO.	NCIC NO.	DATE OF REPORT
		PRINT NAME IN FULL			



COMPLETING THE "TRUCK AND BUS SUPPLEMENTAL POLICE ACCIDENT REPORT", FORM MV-104S

If an accident involved at least one qualifying vehicle AND a least one qualifying event, complete a separate MV-104S for each qualifying commercial vehicle.

Page Numbering

Write the specific page number for each "Bus and Truck Supplemental Police Accident Report" (MV-104-S) and total the number of pages, beginning with the "Police Accident Report" (MV-104A or MV-104AN) as the first page. For example, number form MV-104A, "Page 1 of 3 Pages", number form MV-104S, "Page 2 of 3 Pages", and, if applicable, number form MV-104D, "Page 3 of 3 Pages".

Local Codes, Precinct, Accident No. and Complaint No.

Enter a Case No., Precinct No., Accident No. Complaint No., or any other identifying information the police agency finds helpful.

Number of Qualifying Vehicles Involved

Enter the total number of:

- trucks having a GVWR or GCWR > 10,000 lbs.;
- vehicles with a Haz Mat placard; or
- buses designed to carry 9 or more persons.

Number of Vehicles

- **Towed/transported from scene due to damage** - enter the total number of vehicles (not just qualifying commercial vehicles) towed or transported from the accident scene due to vehicle damage (other than a flat tire).

Number of Persons

- **Sustaining fatal injuries** - enter the number of persons killed.
- **Transported for IMMEDIATE medical treatment** - enter the number of persons who had to be immediately transported to a medical facility due to injuries sustained in the accident.



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (10/05)

Mail To: NYS Dept. of Motor Vehicles, Accident Records Bureau, PO Box 2084, Albany NY 12220-0084

Local Codes
6074339999
SPIC10060037

AMENDED REPORT

INSTRUCTIONS You must complete this form:

- if at least one of the vehicles involved is:
 - a truck having a GVWR or GCWR > 10,000 lbs., or
 - a vehicle with a Haz Mat placard; or
 - a bus designed to carry 9 or more persons, including the driver;
- AND at least one of the following conditions is met:
 - at least one person sustained fatal injuries
 - at least one person was transported for IMMEDIATE medical treatment
 - at least one vehicle is disabled and was towed/transported from the scene.

Number of:

- 1 Trucks having a GVWR or GCWR > 10,000 lbs.
- 1 Vehicles with a Haz Mat placard
- 0 Buses designed to carry 9 or more persons

Number of Vehicles:

- 1 Towed/transported from scene due to damage

Number of Persons:

- 1 Sustaining fatal injuries
- 0 Transported for IMMEDIATE medical treatment

ACCIDENT DATE: Mo. Day Year MILITARY TIME COUNTY CITY/TOWN/VILLAGE

DRIVER

DRIVER LICENSE ID # STATE OF LIC.
 DRIVER NAME - exactly as printed on license (Last, First, M.I.)

LICENSE CLASS

1 A	2 B	3 CDL C	4 D	5 DJ	DATE OF BIRTH	SEX
6 E	7 M	8 MJ	9 OTHER	10 DM	Mo. Day Year	1 Male 2 Female

CARRIER

CARRIER NAME
 STREET OR P.O. BOX CITY STATE ZIP CODE TOTAL AXLES (Includes trailers)

PLATE NUMBER STATE OF REG. CARRIER'S IDENTIFICATION NUMBERS
 US DOT ICC MC

WEIGHT RATING OF TRUCK POWER UNIT

1 Less than or equal to 10,000 lbs.
 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.

VEHICLE IDENTIFICATION NUMBER

VEHICLE CONFIGURATION

1 Bus (seats for more than 15 people, including driver)	8 Tractor/Triples	TRAFFIC WAY
2 Single-unit Truck (2-axle, 6-tire)	9 Unknown Heavy Truck, cannot classify	
3 Single-unit Truck (3 or more axles)	10 Passenger Car - only record when vehicle displays a Hazardous Material placard	
4 Truck/Trailer	11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard	
5 Truck Tractor (bobtail)	12 Bus (seats for 9 - 15 people, including driver)	
6 Tractor/Semi-trailer		
7 Tractor/Doubles		

TRAFFIC WAY: 1 Two-way, not divided; 2 Two-way, divided, unprotected median; 3 Two-way, divided, positive median barrier; 4 One-way not divided; 5 Not reported

CARGO BODY TYPE

1 Bus (seats for more than 15 people, including driver)	6 Concrete Mixer	10 Grain, Chips, Gravel	ACCESS CONTROL
2 Van/Enclosed Box	7 Auto Transporter	11 Pole	
3 Cargo Tank	8 Garbage/Refuse	12 Bus (seats for 9-15 people, including driver)	
4 Flatbed	9 Other		
5 Dump			

ACCESS CONTROL: 1 No Access Control; 2 Full Access Control; 4 Partial Access Control

HAZARDOUS MATERIALS INVOLVEMENT

Does vehicle have Haz Mat placard? 1 Yes 2 No

COPY FROM PLACARD:

4-digit identification number from diamond/orange panel: [] [] [] []

1 or 2-digit number from bottom of diamond: [] []

NAME OF HAZ MAT CLASS:

SEQUENCE OF EVENTS (FOR THIS VEHICLE)

1 Ran Off Road (noncollision)	13 Involving Animal (collision)
2 Jackknife (noncollision)	14 Involving Fixed Object (collision)
3 Overturn/Rollover (noncollision)	18 Cross Median/Centerline (noncollision)
4 Downhill Runaway (noncollision)	19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)
5 Cargo Loss or Shift (noncollision)	20 Other (noncollision)
6 Explosion or Fire (noncollision)	21 Unknown (noncollision)
7 Separation of Units (noncollision)	22 With Work Zone
8 Involving Pedestrian (collision)	Maintenance Equipment (collision)
9 Involving Motor Vehicle in Transport (collision)	23 With Other Movable Object (collision)
10 Involving Parked Motor Vehicle (collision)	24 With Unknown Movable Object (collision)
11 Involving Train (collision)	
12 Involving Pedalcycle (collision)	

WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?

1 Yes 2 No

OFFICER'S RANK AND SIGNATURE: PRINT NAME IN FULL

BADGE/ID NO. NCIC NO. DATE OF REPORT

