SECTION 3

Instructions for Completing

TRUCK AND BUS SUPPLEMENTAL
POLICE ACCIDENT REPORT

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**


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.
**New York State Department of Motor Vehicles**

**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

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**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.

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**ACCIDENT DATE**

Mo. Day Year

**MILITARY TIME**

**COUNTY**

**CITY/TOWN/VILLAGE**

**DRIVER**

**LICENSE CLASS**

- A
- B
- CDL
- C
- D
- DJ
- E
- M
- MJ
- OTHER
- DM

**DATE OF BIRTH**

Mo. Day Year

**SEX**

1 Male
2 Female

**CARRIER NAME**

**STREET OR P.O. BOX**

**CITY**

**STATE**

**ZIP CODE**

**TOTAL AXLES**

(Includes trailers)

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**VEHICLE CONFIGURATION**

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

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 Bus (seats for 9 - 15 people, including driver)

**TRAFFIC WAY**

1 No Access Control
2 Full Access Control
3 Partial Access Control

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**HAZARDOUS MATERIALS INVOLVEMENT**

Does vehicle have Haz Mat placard? 1 Yes 2 No

**COPY FROM PLACARD:**

4-digit identification number
1 or 2-digit number from bottom of diamond:

**NAME OF HAZMAT CLASS:**

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

1 Yes 2 No

**SEQUENCE OF EVENTS (FOR THIS VEHICLE)**

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)
15 Cross Median/Centerline (noncollision)
16 Equipment Failure (noncollision)
17 Equipment Failure (collision)
18 Other (noncollision)
19 Unknown (noncollision)
20 Unknown (collision)
21 With Work Zone
22 Maintenance Equipment (collision)
23 With Other Movable Object (collision)
24 With Unknown Movable Object (collision)

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**OFFICER’S RANK AND SIGNATURE**

**BADGE/ID NO.**

**NCIC NO.**

**DATE OF REPORT**
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.
### New York State Department of Motor Vehicles

**TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT**

**MV-1045 (10/95)**

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

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#### INSTRUCTIONS

You must complete this form:
- **Number of:**
  - 1 Tractor having a GVWR or GCWR > 10,000 lbs.
  - 1 Vehicles with a Haz Mat placard
  - 0 Buses designed to carry 9 or more persons
  - 0 Transported for IMMEDIATE medical treatment

- **Number of Vehicles:**
  - 1 Towed/transported from scene due to damage
  - 1 Sustaining fatal injuries

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<th>ACCIDENT DATE</th>
<th>No.</th>
<th>Year</th>
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<td>COUNTY</td>
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<td>CITY/TOWN/VILLAGE</td>
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#### DRIVER

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<th>LICENSE ID #</th>
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<td>DRIVER NAME</td>
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<td>DRIVER CLASS</td>
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#### CARRIER

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<tr>
<th>CARRIER NAME</th>
<th>STREET OR P.O. BOX</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>TOTAL AXLES</th>
<th>PLATE NUMBER</th>
<th>STATE OF REG.</th>
<th>CARRIER'S IDENTIFICATION NUMBERS</th>
<th>US DOT</th>
<th>ICC MC</th>
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#### WEIGHT RATING OF TRUCK POWER UNIT

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

#### VEHICLE IDENTIFICATION NUMBER

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<thead>
<tr>
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<th>TRAFFIC WAY</th>
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#### WEIGHT RATING OF TRUCK POWER UNIT

- 1 Bus (passenger for more than 15 passengers, including driver)
- 2 Single-unit Truck (2-axle, 4 tires)
- 3 Single-unit Truck (3 or more axles)
- 4 Truck-Trailer
- 5 Truck Tractor (tandem)
- 6 Tractor-Semitrailer
- 7 Tractor/Trailer

#### CARGO BODY TYPE

- 8 Conical Mover
- 9 Flatbed
- 10 Bus (seats for 9-15 passengers, including driver)

#### HAZARDOUS MATERIALS INVOLVEMENT

- Does vehicle have Haz Mat placard? Yes 2 No
- Copy from placard:
  - 1-digit identification number from diamond/
  - 1 or 2-digit number from bottom of diamond

#### SEQUENCE OF EVENTS FOR THIS VEHICLE

- 1 Ran off road (non-collision)
- 2 Jackknife (non-collision)
- 3 Overturn/Rollover (non-collision)
- 4 Downhill Runaway (non-collision)
- 5 Cargo Loss or Shift (non-collision)
- 6 Explosion or Fire (non-collision)
- 7 Separation of Units (non-collision)
- 8 Involving Pedestrian (collision)
- 9 Involving Motor Vehicle in Transport (collision)
- 10 Involving Parked Motor Vehicle (collision)
- 11 Involving Train (collision)
- 12 Involving Pedestrian (collision)

#### OFFICER'S RANK AND SIGNATURE

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<tr>
<th>BADGE/ID NO.</th>
<th>NOC NO.</th>
<th>DATE OF REPORT</th>
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