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.

**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 crash 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  
10. Working in Roadway  
11. Paying in Roadway  
12. Other Actions in Roadway*  
13. 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
4. Crossing, No Signal or Marked
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
10. Using On Board Navigation Device
11. Texting
12. Using On Board Navigation Device
13. Texting
14. Prescription Medication
15. Prescription Medication
16. Prescription Medication
17. Prescription Medication
18. Prescription Medication
19. Prescription Medication
20. Other *

### TRAFFIC CONTROL
1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Off Road
7. No Passing
8. RR Crossing Sign
9. RR Crossing
10. RR Crossing Gates
11. Stoped School Bus
12. Construction
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. Red Lights Flashing
17. School Zone

### LIGHT CONDITIONS
1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted
6. Curve at Hillcrest
7. Curve and Grade
8. Straight and Level
9. Straight and Level
10. Curve at Hillcrest
11. Curve and Grade
12. Straight and Level
13. Daylight
14. Dusk
15. Night
16. Night
17. Night
18. Night
19. Night
20. Night

### ROADWAY CHARACTER
1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve at Level
5. Curve and Grade
6. Curve at Level
7. Curve and Grade
8. Straight and Level
9. Straight at Hillcrest
10. Straight at Hillcrest

### ROADWAY SURFACE CONDITION
1. Dry
2. Wet
3. Snow/Ice
4. Mud
5. Muddy
6. Slush
7. Slush
8. Snow
9. Slippery
10. Slippery
11. Slippery
12. Slippery
13. Slippery
14. Slippery

### WEATHER
1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smoke
7. Other *
8. Obstruction/Debris
9. Snow/Ice
10. Slippery
11. Slippery
12. Slippery
13. Slippery
14. Slippery
15. Slippery
16. Slippery
17. Slippery
18. Slippery
19. Slippery
20. Slippery

### WHICH VEHICLE OCCUPIED
1. Vehicle No. 1
   - A. All-Terrain Vehicle (ATV)
   - B. Pedestrian
   - C. In-Line Skater
   - D. Bicyclist
   - E. Other *
   - F. Stoppers Only
   - G. Other *

2. Vehicle No. 2
   - A. All-Terrain Vehicle (ATV)
   - B. Pedestrian
   - C. In-Line Skater
   - D. Bicyclist
   - E. Other *
   - F. Stoppers Only
   - G. Other *

3. Vehicle No. 3
   - A. All-Terrain Vehicle (ATV)
   - B. Pedestrian
   - C. In-Line Skater
   - D. Bicyclist
   - E. Other *
   - F. Stoppers Only
   - G. Other *

4. Vehicle No. 4
   - A. All-Terrain Vehicle (ATV)
   - B. Pedestrian
   - C. In-Line Skater
   - D. Bicyclist
   - E. Other *
   - F. Stoppers Only
   - G. Other *

5. Vehicle No. 5
   - A. All-Terrain Vehicle (ATV)
   - B. Pedestrian
   - C. In-Line Skater
   - D. Bicyclist
   - E. Other *
   - F. Stoppers Only
   - G. Other *

### LOCATION OF MOST SEvere PHYSICAL COMPLAINT
1. Head
2. Face
3. Eye
4. Neck
5. Chest
6. Back/Spine
7. Shoulder-Upper Arm
8. Elbow-Lower Arm/Hand
9. Abdomen - Pelvis
10. Hip-Lower Leg
11. Knee-Lower Leg-Foot
12. Entire Body

### TYPE OF PHYSICAL COMPLAINT
1. Amputation
2. Whiplash
3. Concussion
4. Injury
5. Unconscious
6. Severe Lacerations
7. Minor Bleeding
8. Minor Burn
9. Moderate Burn
10. Severe Burn
11. Fracture
12. Fracture - Distorted - Dislocation
13. Contraction - Bruise
14. Abrasion
15. Complaint of Pain or Nausea
16. None Visible

### VICTIM'S PHYSICAL AND EMOTIONAL STATUS
1. Apparent Death
2. Unconscious
3. Semi-conscious
4. Incoherent
5. Shock
6. Conscious

### INJURED TAKEN
17 BY TO 18

### APPARENT CONTRIBUTING FACTORS
1. Human
2. Alcohol Involvement
3. Backing Unusually
4. Driver Inattention/Distraction *
5. Driver Inexperience *
6. Drugs (illegal) *
7. Failure to Yield Right-of-Way
8. Fail Asleep
9. Following Too Closely
10. Boom
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
21. Fatigue/Drowsiness
22. Cell Phone (hand-held)
23. Cell Phone (hand-free)
24. Other Electronic Device *
25. Outside Car Distraction *
26. Reaction to Uninvolved Vehicle
27. Failure to Keep Right
28. Aggressive Driving/Road Rage *
29. Passing Too Closely
30. Vehicle Vandalism
31. Texting
32. Using On Board Navigation Device
33. Eating or Drinking
34. Listening/Using Headphones

### PRE-ACCIDENT VEHICLE ACTION
1. Going Straight Ahead
2. Merging
3. Turning
4. Making Left Turn
5. Making Left Turn on Red
6. Making U Turn
7. Starting from Parking
8. Starting in Traffic
9. Stowing or Stopping
10. Stopped in Traffic
11. Stopping Too Closely
12. Following Too Closely
13. Turning Improperly
14. Stopped in Traffic
15. Turning Improperly
16. Stopping Too Closely
17. Following Too Closely
18. Turning Improperly
19. Stopping Too Closely
20. Other *

### LOCATION OF FIRST EVENT
1. On Roadway
2. Off Roadway

### TYPE OF ACCIDENT - COLLISION WITH
1. Other Motor Vehicle
2. Deer
3. Other pedestrian
4. Animal
5. Railroad Train
6. Other *

### COLLISION WITH FIXED OBJECT
1. Light Support/Utility Pole
2. Guide Rail-Not At End
3. Guide Rail-End
4. Crash Cushion
5. Sign Post
6. Tree
7. Building/Wall
8. Curb
9. Bridge Structure
10. Culvert/Head Wall
11. Median-Not At End
12. Median-End
13. Barrier
14. Snow Embankment
15. Earth Embankment Rock Cut/Edge
16. Fire Hydrant
17. Other *
18. Other *

### NO COLLISION
1. Overturned
2. Fire/Explosion
3. Submersion
4. Run Off Roadway Only
5. Other *

### NEW YORK STATE
Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104COV (7/18)
NOTE: “X” is not an acceptable entry.

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

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*

BOX 4 - LIGHT CONDITIONS

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

1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark-Road Lighted
5 - Dark-Road Unlighted
**New York State Department of Motor Vehicles**

**POLICE ACCIDENT REPORT**

**MV-104COV (7/18)**

**NAME OF REPORTING OFFICER:**

**DATE OF OCCURRENCE:**

**PLACE:**

**VEHICLE 1**

- **Make:**
- **Model:**
- **Year:**
- **Color:**
- **States of Damage:**
- **Location of Damage:**

**VEHICLE 2**

- **Make:**
- **Model:**
- **Year:**
- **Color:**
- **States of Damage:**
- **Location of Damage:**

**DESCRIPTION OF EVENT:**

**LOCATION OF FIRST EVENT**

- **On Roadway**
- **Off Roadway**

**LOCATION OF COLLISION**

- **With Fixed Object**
- **With Other Vehicle**

**PRE-ACCIDENT VEHICLE ACTION**

- **Driving**
- **Science**
- **Reason**

**COLLISION WITH FIXED OBJECT**

- **Type of Object**
- **Location**

**COLLISION WITH OTHER VEHICLE**

- **Type of Object**
- **Location**

**TYPE OF PHYSICAL COMPLAINT**

- **Body Part**
- **Severity**

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

- **Injured Taken**

**APPEARING CONTRIBUTING FACTORS**

- **Human**
  - **Behavior**
  - **Other**

**Vehicular**

- **Human**
  - **Behavior**
  - **Other**

**Environmental**

- **Human**
  - **Behavior**
  - **Other**

**DIRECTION OF TRAVEL:**

**APPROXIMATE DISTANCE:**

**APPROXIMATE SPEED:**

**HUMAN PHYSICAL ERROR/CONFUSION**

- **Type of Error**
- **Location**

**WEATHER**

- **Condition**
- **Influence**

**ROADWAY CHARACTER**

- **Type**
- **Condition**
- **Influence**

**ROADWAY SURFACE CONDITION**

- **Type**
- **Influence**

**TRAFFIC CONTROL**

- **Type**
- **Influence**

**SIGHT DISTANCE**

- **Type**
- **Influence**

**SIGNIFICANT OBJECTS**

- **Type**
- **Influence**

**TIME OF DAY**

- **Type**
- **Influence**

**RESULTS**

- **Injury**
- **Death**

**TOTAL PAINTED SCENE**

- **Type**
- **Influence**

**REMARKS**

- **Injury**
- **Casualty**

**APPENDIX A**

**ACKNOWLEDGEMENTS**

- **Names**
- **Dates**

**APPENDIX B**

- **Names**
- **Dates**
NOTE: “X” is not an acceptable entry.

Identify the character of the roadway at the crash 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

Identify the roadway surface condition, when and where the crash 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.)

Identify the weather condition, when/where the crash 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.)
**BOXES 19-22 - APPARENT CONTRIBUTING FACTORS (RIGHT SIDE)**

**NOTE:** “X” is not an acceptable entry.

- All crashes **must** have at least one apparent contributing factor - human, vehicular and/or environmental.
- Two "APPARENT CONTRIBUTING FACTORS" can be entered for each involved vehicle or person.

Example: If an intoxicated driver went through a stop sign and was involved in a crash, enter "2" in Box 19 and "17" in Box 20 in the area labeled for Vehicle 1.

- Enter the appropriate codes for a pedestrian's, bicyclist's or other pedestrian's contributing factors in Boxes 21 and 22 in the area labeled for Vehicle 2.
- If there is no secondary contributing factor, enter a dash (-) in Box 20 and/or Box 22.
- If there are more than two contributing factors for a vehicle, enter the two primary factors in the boxes. Any others should be described in the "ACCIDENT DESCRIPTION/OFFICER’S NOTES" section.

**Human** - If a crash was apparently attributable to human actions or inactions, enter one of the following codes for each involved vehicle or person:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Alcohol Involvement</td>
</tr>
<tr>
<td>3</td>
<td>Backing Unsafely</td>
</tr>
<tr>
<td>4</td>
<td>Driver Inattention/Distraction*</td>
</tr>
<tr>
<td>5</td>
<td>Driver Inexperience</td>
</tr>
<tr>
<td>6</td>
<td>Drugs (Illegal)</td>
</tr>
<tr>
<td>7</td>
<td>Failure to Yield Right -of-Way</td>
</tr>
<tr>
<td>27</td>
<td>Failure to Keep Right</td>
</tr>
<tr>
<td>21</td>
<td>Fatigued/Drowsy</td>
</tr>
<tr>
<td>8</td>
<td>Fell Asleep</td>
</tr>
<tr>
<td>9</td>
<td>Following Too Closely</td>
</tr>
<tr>
<td>10</td>
<td>Illness</td>
</tr>
<tr>
<td>11</td>
<td>Lost Consciousness</td>
</tr>
<tr>
<td>12</td>
<td>Passenger Distraction</td>
</tr>
<tr>
<td>13</td>
<td>Passing or Lane Usage Improper</td>
</tr>
<tr>
<td>30</td>
<td>Vehicle Vandalism</td>
</tr>
<tr>
<td>32</td>
<td>Using On-Board Navigation Device</td>
</tr>
<tr>
<td>34</td>
<td>Listening/Using Headphones</td>
</tr>
<tr>
<td>14</td>
<td>Pedestrian/Bicyclist/Other Pedestrian Error/Confusion</td>
</tr>
<tr>
<td>15</td>
<td>Physical Disability</td>
</tr>
<tr>
<td>16</td>
<td>Prescription Medication</td>
</tr>
<tr>
<td>17</td>
<td>Traffic Control Disregarded</td>
</tr>
<tr>
<td>18</td>
<td>Turning Improper</td>
</tr>
<tr>
<td>19</td>
<td>Unsafe Speed</td>
</tr>
<tr>
<td>20</td>
<td>Unsafe Lane Changing</td>
</tr>
<tr>
<td>22</td>
<td>Cell Phone (hand-held)</td>
</tr>
<tr>
<td>23</td>
<td>Cell Phone (hands-free)</td>
</tr>
<tr>
<td>24</td>
<td>Other Electronic Device*</td>
</tr>
<tr>
<td>25</td>
<td>Outside Car Distraction*</td>
</tr>
<tr>
<td>26</td>
<td>Reaction to Other Uninvolved Vehicle</td>
</tr>
<tr>
<td>28</td>
<td>Aggressive Driving/Road Rage*</td>
</tr>
<tr>
<td>29</td>
<td>Passing Too Closely</td>
</tr>
<tr>
<td>31</td>
<td>Texting</td>
</tr>
<tr>
<td>33</td>
<td>Eating or Drinking</td>
</tr>
</tbody>
</table>

**NOTE:** Code 14 should only be used if the pedestrian, bicyclist, or other pedestrian was involved in the crash.

**Code 25** should only be used if the pedestrian, bicyclist or other pedestrian did not come in contact with the involved vehicle, but they were a contributing factor in the crash.
**Vehicular** - If a crash is apparently attributable to vehicle defects, inadequacies or malfunctions, enter one of the following codes:

- 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
- 51 - Tinted Window
- 60 - Other Vehicular*

**Environmental** - If the environment (for example, highway or weather) is a factor contributing to the crash, enter one of the following codes:

- 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

**BOXES 23 and 24 - DIRECTION OF TRAVEL (DIAGRAM)**

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

- The direction each vehicle involved in the crash was traveling must be determined from the investigation.
- Enter one of the appropriate numbers in Box 23 (Vehicle 1) and Box 24 (Vehicle 2), based on the diagram on the cover sheet.

- 1 - N (North)
- 2 - NE (Northeasterly)
- 3 - E (East)
- 4 - SE (Southeasterly)
- 5 - S (South)
- 6 - SW (Southwesterly)
- 7 - W (West)
- 8 - NW (Northwesterly)

- If a parked vehicle is involved, identify the direction it is facing at the time of the crash.
- For ATVs, snowmobiles or other involved units that are not motor vehicles, enter one of the codes in Box 24.
- For a pedestrian/other pedestrian, enter a dash (-) for "does not apply."
**New York State Department of Motor Vehicles**

**POLICE ACCIDENT REPORT**

**MV-104COV (7/18)**

**Explanation in Accident Description**

If a question DOES NOT APPLY, enter a dash (–). If an answer is UNKNOWN, enter an “X”.

**APPARENT CONTRIBUTING FACTORS**

<table>
<thead>
<tr>
<th>1. Alcohol Involvement</th>
<th>2. Backing Unusually</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Driver Inattention/Distraction*</td>
<td>4. Driver Inexperience*</td>
</tr>
<tr>
<td>5. Driver Intoxication</td>
<td>6. Drugs (Illegal)</td>
</tr>
<tr>
<td>9. Following Too Closely</td>
<td>10. Illness</td>
</tr>
<tr>
<td>11. Lost Consciousness</td>
<td>12. Passenger Distraction</td>
</tr>
<tr>
<td>13. Passing or Lane Usage Improper</td>
<td>14. Pedestrian/Bicyclist/Other</td>
</tr>
<tr>
<td>15. Pedestrian Error/Confusion</td>
<td>16. Physical Disability</td>
</tr>
<tr>
<td>17. Prescription Medication</td>
<td>18. Turning Improperly</td>
</tr>
<tr>
<td>19. Unsafe Speed</td>
<td>20. Unsafe Lane Changing</td>
</tr>
<tr>
<td>23. Cell Phone (hands-free)</td>
<td>24. Other Electronic Device*</td>
</tr>
<tr>
<td>27. Failure to Keep Right</td>
<td>28. Aggressive Driving/Road Rage*</td>
</tr>
<tr>
<td>29. Passing Too Closely</td>
<td>30. Vehicle Vandalism</td>
</tr>
<tr>
<td>31. Texting</td>
<td>32. Listening/Using Headphones</td>
</tr>
<tr>
<td>33. Eating or Drinking</td>
<td>34. Other*</td>
</tr>
</tbody>
</table>

**LOCATION OF FIRST EVENT**

1. On Roadway
2. Off Roadway

**COLLISION WITH FIXED OBJECT**

- 1. Trees
- 2. Utility Pole
- 3. Other Object
- 4. Deer
- 5. Other Animal
- 6. Other Vehicular
- 7. Other* (Not Fixed)
- 8. Vehicle 191
- 9. Vehicle 242
- 10. Vehicle 231
- 11. Vehicle 212
- 12. Vehicle 20

**LOCATION OF SEVERE PHYSICAL COMPLAINT**

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back/Spine
- 7. Shoulder-Upper Arm
- 8. Elbow-Lower Arm-Hand
- 9. Abdomen - Pelvis
- 10. Hip-Upper Leg
- 11. Knee-Lower Leg-Foot
- 12. Entire Body

**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

---39---
BOXES 25 and 26 - PRE-ACCIDENT VEHICLE ACTION

NOTE: “X” is not an acceptable entry.

Enter one of the following codes that describes the action of each involved vehicle immediately preceding the crash:

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* (Provide an explanation in the “ACCIDENT DESCRIPTION/OFFICER’S NOTES” section.)

- For ATVs, snowmobiles, bicycles or other involved units that are not motor vehicles, enter one of the codes in Box 26.
- For pedestrians or other pedestrians, enter a dash (-) for "does not apply."

BOX 27 - LOCATION OF FIRST EVENT

NOTE: “X” is not an acceptable entry.

- The "First Event" is the initial phase of the crash, when one motor vehicle strikes another, or a pedestrian, or a fixed object, or runs off the roadway. It is the moment of impact or collision, or the moment damage or injury occurs.
- Use the following codes to specify if this "First Event" occurred on or off the roadway:

1 - On Roadway
2 - Off Roadway

EXAMPLE: Vehicle 1 goes onto the shoulder and strikes a sign. In this case, the location of the “First Event” occurred off the roadway, so “2” should be entered in Box 27.

EXAMPLE: Vehicle 2 is parked partially on the roadway and partially off the roadway. Vehicle 1 strikes Vehicle 2 in the left rear. The portion of Vehicle 2 that suffered the first point of impact should be used to determine how the crash is classified. In this example, the left rear of Vehicle 2, the first point of impact, was located on the roadway, so “1” should be entered in Box 27.

Roadway - Vehicle & Traffic Law Section 140 defines “roadway” as that portion of a highway improved, designed, marked, or ordinarily used for vehicular travel, exclusive of the shoulder and slope.
NOTE: “X” is not an acceptable entry.

Identify the type of crash 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 crash 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  
2 - Pedestrian  
3 - Bicyclist  
4 - Animal  
5 - Other  
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 - 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  
22 - Snow Embankment  
23 - Earth Embankment/Rock Cut/Ditch  
24 - Fire Hydrant  
26 - Median-End  
27 - Barrier  
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.
### 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 No. (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 NYS 1234500, 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.
<table>
<thead>
<tr>
<th>I. In-Line Skater                S. Snowmobiler</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Vehicle No. 2   B. Bicyclist                        P. Pedestrian</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITION IN/VON VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver                  2-7 Passengers</td>
</tr>
<tr>
<td>6. Riding/Hanging on Outside</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Crossing, Wth Signal                  8. Going to/from Stopped School Bus</td>
</tr>
<tr>
<td>2. Crossing, Against Signal                  9. Getting On/off Vehicle Other Than School Bus</td>
</tr>
<tr>
<td>6. Riding/Walking/Skating Along Highway With Traffic</td>
</tr>
<tr>
<td>7. Emerging from in Front of Behind Parked Vehicle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAFFIC CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None                  8. RR Crossign Sign</td>
</tr>
<tr>
<td>2. Traffic Signal            9. RR Crossign</td>
</tr>
<tr>
<td>3. Step Sign                             10. RR Crossign Gates</td>
</tr>
<tr>
<td>4. Flashing Light          11. Stopped School Bus</td>
</tr>
<tr>
<td>5. Yield Sign                12. Officer/Guard</td>
</tr>
<tr>
<td>6. Officer/Guard            13. Construction</td>
</tr>
<tr>
<td>15. Police/Fire</td>
</tr>
<tr>
<td>16. Emergency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIGHT CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daylight</td>
</tr>
<tr>
<td>2. Dusk</td>
</tr>
<tr>
<td>3. Dark-Road Lighted</td>
</tr>
<tr>
<td>4. Dark-Road Unlighted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROADWAY CHARACTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Straight and Level</td>
</tr>
<tr>
<td>2. Straight and Grade</td>
</tr>
<tr>
<td>3. Straight at Hillcrest</td>
</tr>
<tr>
<td>4. Curve at Level</td>
</tr>
<tr>
<td>5. Curve and Grade</td>
</tr>
<tr>
<td>6. Curve at Hillcrest</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROADWAY SURFACE CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dry</td>
</tr>
<tr>
<td>2. Wet</td>
</tr>
<tr>
<td>3. Snow/Ice</td>
</tr>
<tr>
<td>4. Flooded</td>
</tr>
<tr>
<td>5. Other*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEATHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clear</td>
</tr>
<tr>
<td>2. Snowy</td>
</tr>
<tr>
<td>3. Rain</td>
</tr>
<tr>
<td>4. Snow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHICH VEHICLE OCCUPIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vehicle No. 1</td>
</tr>
<tr>
<td>2. Vehicle No. 2</td>
</tr>
<tr>
<td>3. Vehicle 191</td>
</tr>
<tr>
<td>4. Vehicle 201</td>
</tr>
<tr>
<td>5. Vehicle 211</td>
</tr>
<tr>
<td>6. Vehicle 221</td>
</tr>
<tr>
<td>7. Vehicle 231</td>
</tr>
<tr>
<td>8. Vehicle 241</td>
</tr>
<tr>
<td>9. Vehicle 251</td>
</tr>
<tr>
<td>10. Vehicle 261</td>
</tr>
<tr>
<td>11. Vehicle 271</td>
</tr>
<tr>
<td>12. Vehicle 281</td>
</tr>
<tr>
<td>13. Vehicle 291</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITION IN ON VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver                  2-7 Passengers</td>
</tr>
<tr>
<td>6. Riding/Hanging on Outside</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAFETY EQUIPMENT USED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None</td>
</tr>
<tr>
<td>2. Lap Belt</td>
</tr>
<tr>
<td>3. Harness</td>
</tr>
<tr>
<td>4. Lap Belt/Harness</td>
</tr>
<tr>
<td>5. Child Restraint Only</td>
</tr>
<tr>
<td>6. Helmet (Motorcycle Only)</td>
</tr>
<tr>
<td>7. Air Bag Deployed</td>
</tr>
<tr>
<td>8. Air Bag Deployed/Lap Belt</td>
</tr>
<tr>
<td>9. Air Bag Deployed/Harness</td>
</tr>
<tr>
<td>10. Air Bag Deployed/Child Restraint</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION OF MOST SEVERE PHYSICAL COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head                  14. Whiplash</td>
</tr>
<tr>
<td>2. Face                   15. Crush Injuries</td>
</tr>
<tr>
<td>3. Eye                    16. Internal</td>
</tr>
<tr>
<td>4. Neck                   17. Minor Bleeding</td>
</tr>
<tr>
<td>5. Chest                  18. Minor Burn</td>
</tr>
<tr>
<td>7. Shoulder-Upper Arm     20. Severe Burn</td>
</tr>
<tr>
<td>8. Elbow-Lower Arm-Hand</td>
</tr>
<tr>
<td>9. Abdomen - Pelvis</td>
</tr>
<tr>
<td>10. Hip-Lower Leg</td>
</tr>
<tr>
<td>11. Knee-Lower Leg-Foot</td>
</tr>
<tr>
<td>12. Entire Body</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF PHYSICAL COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apparent Death</td>
</tr>
<tr>
<td>2. Unconscious</td>
</tr>
<tr>
<td>3. Somnolent</td>
</tr>
<tr>
<td>4. Incoherent</td>
</tr>
<tr>
<td>5. Shock</td>
</tr>
<tr>
<td>6. Conscious</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VICTIM'S PHYSICAL AND EMOTIONAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. BY TO 18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPARENT CONTRIBUTING FACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human</td>
</tr>
<tr>
<td>2. Alcohol Involvement</td>
</tr>
<tr>
<td>3. Backing Unusually</td>
</tr>
<tr>
<td>4. Driver Inattention/Distraction*</td>
</tr>
<tr>
<td>5. Driver Inexperience*</td>
</tr>
<tr>
<td>6. Driver Impair*</td>
</tr>
<tr>
<td>7. Failure to Yield Right-of-Way</td>
</tr>
<tr>
<td>8. Fell Asleep</td>
</tr>
<tr>
<td>9. Following Too Closely</td>
</tr>
<tr>
<td>10. Illness</td>
</tr>
<tr>
<td>11. Lost Consciousness</td>
</tr>
<tr>
<td>12. Passenger Distraction</td>
</tr>
<tr>
<td>13. Passing or Lane Usage Improper</td>
</tr>
<tr>
<td>14. Pedestrian/Bicyclist/Other</td>
</tr>
<tr>
<td>15. Pedestrian Error/Confusion</td>
</tr>
<tr>
<td>16. Physical Disability</td>
</tr>
<tr>
<td>17. Prescription Medication</td>
</tr>
<tr>
<td>18. Traffic Control Disregarded</td>
</tr>
<tr>
<td>19. Turning Improperly</td>
</tr>
<tr>
<td>20. Unsafe Speed</td>
</tr>
<tr>
<td>21. Unsafe Lane Changing</td>
</tr>
<tr>
<td>22. Fatigued/Drowsy</td>
</tr>
<tr>
<td>23. Cell Phone (hand-held)</td>
</tr>
<tr>
<td>24. Cell Phone (hands-free)</td>
</tr>
<tr>
<td>25. Other Electronic Device*</td>
</tr>
<tr>
<td>26. Outside Car Distraction*</td>
</tr>
<tr>
<td>27. Return to Uninsolved Vehicle</td>
</tr>
<tr>
<td>28. Failure to Keep Right</td>
</tr>
<tr>
<td>29. Avoiding Object in Roadway</td>
</tr>
<tr>
<td>30. Pedestrian/Bicyclist/Other</td>
</tr>
<tr>
<td>31. Pedestrian Error/Confusion</td>
</tr>
<tr>
<td>32. Stopping School Bus</td>
</tr>
<tr>
<td>33. Slowed or Stopping</td>
</tr>
<tr>
<td>34. Not Stopped School Bus</td>
</tr>
<tr>
<td>35. Not in School Bus</td>
</tr>
<tr>
<td>36. Exiting From In Front of Behind</td>
</tr>
<tr>
<td>37. Parked</td>
</tr>
<tr>
<td>38. Not Parked</td>
</tr>
<tr>
<td>39. Not Stopped</td>
</tr>
<tr>
<td>40. Not Exiting The School Bus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRE-ACCIDENT VEHICLE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Going Straight Ahead</td>
</tr>
<tr>
<td>2. Making Left Turn on Red</td>
</tr>
<tr>
<td>3. Making Left Turn</td>
</tr>
<tr>
<td>4. Making Left Turn on Red</td>
</tr>
<tr>
<td>5. Making U Turn</td>
</tr>
<tr>
<td>6. Making U Turn on Red</td>
</tr>
<tr>
<td>7. Starting from Parking</td>
</tr>
<tr>
<td>8. Starting in Traffic</td>
</tr>
<tr>
<td>9. Slowly or Stopping</td>
</tr>
<tr>
<td>10. Stopped in Traffic</td>
</tr>
<tr>
<td>11. Entering Parked Position</td>
</tr>
<tr>
<td>12. Parked</td>
</tr>
<tr>
<td>13. Avoiding Object in Roadway</td>
</tr>
<tr>
<td>14. Changing Lanes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION OF FIRST EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On roadway</td>
</tr>
<tr>
<td>2. Off roadway</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF ACCIDENT — COLLISION WITH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Other Motor Vehicle</td>
</tr>
<tr>
<td>2. Pedestrian</td>
</tr>
<tr>
<td>3. Other pedestrian</td>
</tr>
<tr>
<td>4. Animal</td>
</tr>
<tr>
<td>5. Railroad Train</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COLLISION WITH FIXED OBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Light Support/Utility Pole</td>
</tr>
<tr>
<td>12. Guide Rail Not At End</td>
</tr>
<tr>
<td>13. Guide Rail-End</td>
</tr>
<tr>
<td>14. Crash Cushion</td>
</tr>
<tr>
<td>15. Sign Post</td>
</tr>
<tr>
<td>16. Tree</td>
</tr>
<tr>
<td>17. Building/Wall</td>
</tr>
<tr>
<td>18. Curbing</td>
</tr>
<tr>
<td>19. Fence</td>
</tr>
<tr>
<td>20. Bridge Structure</td>
</tr>
<tr>
<td>21. Culvert/Heal Wall</td>
</tr>
<tr>
<td>22. Median-Not At End</td>
</tr>
<tr>
<td>23. Median-End</td>
</tr>
<tr>
<td>24. Barrier</td>
</tr>
<tr>
<td>25. Snow Embankment</td>
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<tr>
<td>26. Earth Embankment/Rock Cut/Draw</td>
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<tr>
<td>27. Fire Hydrant</td>
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<tr>
<td>28. Other Fixed Object*</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NO COLLISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Overturned</td>
</tr>
<tr>
<td>32. Fire/Explosion</td>
</tr>
<tr>
<td>33. Subdivision</td>
</tr>
<tr>
<td>34. Ran Off roadway Only</td>
</tr>
<tr>
<td>40. Other*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAMES OF ALL INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAIGHT, W. RUSTY</td>
</tr>
<tr>
<td>MUIR, BRADLEY, A.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICER'S RANK AND SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TROOPER SMITH</td>
</tr>
<tr>
<td>Badge No. 10</td>
</tr>
<tr>
<td>Precinct/Post</td>
</tr>
<tr>
<td>Station/Beat</td>
</tr>
<tr>
<td>Reviewing Office</td>
</tr>
<tr>
<td>Date/time reviewed</td>
</tr>
<tr>
<td>03/04/06 1300</td>
</tr>
</tbody>
</table>