

SECTION 4

Instructions for Completing

EARLY NOTIFICATION OF A FATAL ACCIDENT

Form MV-104EN

AND

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

Form MV-104D

FATAL ACCIDENTS ONLY

COMPLETING THE "EARLY NOTIFICATION OF A FATAL ACCIDENT", FORM MV-104EN

The National Highway Traffic Safety Administration (NHTSA) is implementing a new Early Notification Program for all Fatal Motor Vehicle Accidents, beginning on January 1, 2006 for all 2006 fatal accidents. This program will allow NHTSA to obtain preliminary fatal motor vehicle crash data in "real time". DMV is responsible for implementing the new Early Notification Program, collecting the data, entering it into the Fatality Analysis Reporting System (FARS) and transmitting it to NHTSA within specific timeframes.

In order to meet this new requirement, it is imperative that you submit basic information about fatal crashes to DMV within 24 hours of the accident date. The "Early Notification of a Fatal Accident", form MV-104EN, (see Appendix A) contains the required information that must be completed and **faxed to DMV within 24 hours for every fatal accident** that occurs in your jurisdiction. Exception: those agencies submitting TRACS data electronically to DMV must do so within 48 hours.

Complete the MV-104EN as follows:

ACCIDENT INFORMATION

Date of Accident - enter the 2-digit month, day and year.

Time of Accident - enter the time (military) that the accident occurred.

Number of Fatalities - enter the number of persons killed in the accident.

County of Accident:

- Enter the name of the county reported on the MV-104A (for example, Albany County is ALBA).
- Enter the name of the borough (Bronx, Kings, New York, Queens or Richmond) reported on the MV-104AN (NYC).

Number of Vehicles Involved - enter the number of vehicles involved in the accident.

Number of Pedestrians or Bicyclists Involved

Was a Commercial Vehicle Involved? - check the "Yes" or "No" box .

Was Alcohol Involvement Suspected? - check the "Yes" or "No" box .

DECEASED INFORMATION

Name of Deceased - enter the full name of the deceased person (last, first, middle initial)

Date of Death - enter the 2-digit month, day and year



EARLY NOTIFICATION OF A FATAL ACCIDENT

INSTRUCTIONS:

This form must be completed and faxed to (518) 474-7302 within 24 hours from the date of every fatal accident that occurs in NYS. DMV is responsible for implementing this new Early Notification Program as part of our federal accident reporting requirements. Please remember to submit separately to DMV a completed accident report (the "Police Accident Report," form MV-104AN or form MV-104A) along with the "Police Report for Fatal Motor Vehicle Accidents," form MV-104D and, if applicable, the "Truck & Bus Supplemental Report," form MV-104S.



ACCIDENT INFORMATION:			
Date of Accident	Time of Accident	Number of Fatalities	County of Accident
05/25/06	2230	1	OTSE
Number of Vehicles Involved	Number of Pedestrians or Bicyclist Involved	Was a Commercial Vehicle Involved?	Was Alcohol Involvement Suspected?
1	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



DECEASED INFORMATION:	
Name of Deceased	Date of Death
GALACIEWICZ, EUGENE, M	05/25/06

LAW ENFORCEMENT INFORMATION:	
NCIC CODE:	LOCAL CODE:
PRECINCT: <i>(NYC Only)</i>	ACCIDENT NUMBER: <i>(NYC Only)</i>
REPORTING OFFICER'S NAME:	CONTACT TELEPHONE NUMBER:

LAW ENFORCEMENT INFORMATION

NCIC Code - Enter the **middle five positions** of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NY1234500, enter only 12345).

Local Code - enter a case number, complaint number, or any other identifying information the police agency finds helpful.

Precinct: (NYC Only)

Accident Number: (NYC Only)

Reporting Officer's Name

Contact Telephone Number

Submission of this completed form by all enforcement agencies is critical to DMV in meeting this new federal responsibility. The MV-104EN can be ordered by using the "Enforcement Agency Forms Requisition", form MV-14P (see Appendix A).

NOTE: In addition, you must continue to submit the original completed "Police Accident Report" (MV-104A or MV-104AN) with the "Police Report For Fatal Motor Vehicle Accidents"(MV-104D), to DMV, as soon as possible.



EARLY NOTIFICATION OF A FATAL ACCIDENT

INSTRUCTIONS:

This form must be completed and faxed to (518) 474-7302 within 24 hours from the date of every fatal accident that occurs in NYS. DMV is responsible for implementing this new Early Notification Program as part of our federal accident reporting requirements. Please remember to submit separately to DMV a completed accident report (the "Police Accident Report," form MV-104AN or form MV-104A) along with the "Police Report for Fatal Motor Vehicle Accidents," form MV-104D and, if applicable, the "Truck & Bus Supplemental Report," form MV-104S.

ACCIDENT INFORMATION:

Date of Accident	Time of Accident	Number of Fatalities	County of Accident
05/25/06	2230	1	OTSE

Number of Vehicles Involved	Number of Pedestrians or Bicyclist Involved	Was a Commercial Vehicle Involved?	Was Alcohol Involvement Suspected?
1	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DECEASED INFORMATION:

Name of Deceased	Date of Death
GALACIEWICZ, EUGENE, M	05/25/06

LAW ENFORCEMENT INFORMATION:

NCIC CODE: 13801	LOCAL CODE: 6074339999
PRECINCT: (NYC Only)	ACCIDENT NUMBER: (NYC Only)
REPORTING OFFICER'S NAME: TPR J. Smith	CONTACT TELEPHONE NUMBER: 607-542-8789

COMPLETING THE "POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS", FORM MV-104D

The National Highway Traffic Safety Administration - Fatal Analysis Reporting System requires additional data when investigating a fatal accident. This data is to be collected during your investigation of ALL fatal motor vehicle accident and reported to DMV Accident Records Bureau on form MV-104D, "Police Report for Fatal Motor Vehicle Accidents."

Note: You must submit the fatal accident report (MV-104D) with the "Police Accident Report" (MV-104A or MV-104AN).

Complete multiple copies of the MV-104D in the following situations and number the pages accordingly as stated on pg 6 of this manual:

- when more than one person in the motor vehicle accident is deceased; or
- if more than three vehicles are involved in a fatal accident.

Complete the top portion of the MV-104D as follows:

ACCIDENT INFORMATION

Page Number

- The MV-104D should be consecutively numbered following the last numbered page of the "Police Accident Report" (MV-104A or MV-104AN).
- For example, if the original "Police Accident Report" (MV-104A) was numbered "Page 1 of 1", the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) would be numbered "Page 2 of Page 3" (for the first passenger who died, Robert D. Smith), and a second MV-104D would be numbered "Page 3 of Page 3" (for the second passenger who died, Joan A. Smith).

Local Code - enter a case number, complaint number, or any other identifying information the police agency finds helpful.

Accident Date - enter the 2-digit month, day and year.

Military Time - enter the time the accident occurred.

County

- Enter the name of the county reported on the MV-104A (for example, Albany Count is ALBA).
- Enter the name of the borough (Bronx, Kings, New York, Queens or Richmond) reported on the MV-104AN (NYC).

City/Town/Village - enter the name of the city, town or village

No. Killed - enter the number of persons killed in the accident.

No. of Vehicles - enter the number of vehicles involved in the accident.

Work Related - check the "Yes" box if the deceased individual involved in the accident was performing, or was in the process of performing, a job-related function.

DECEASED INFORMATION

Name and Address of Deceased

- Enter the full name and address of the deceased person.
- If more than one person is deceased, complete a separate fatal accident report (MV-104D) and number the pages consecutively.



New York State Department of Motor Vehicles
POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS
 Mail to: NYS Dept. of Motor Vehicles, Accident Records Bureau,
 PO Box 2084, Albany NY 12220-0084.



Local Code 6074339999	Accident Date Month 05 Day 25 Yr. 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed 1	No. of Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH)	Location (Route Number or Street Name)						
Estimated Speed:							
Vehicle 1 _____ MPH	<input type="checkbox"/> Unknown	Vehicle 2 _____ MPH	<input type="checkbox"/> Unknown	Vehicle 3 _____ MPH	<input type="checkbox"/> Unknown		
Vehicle Model (for example, Mustang or Corvette):							
Vehicle 1 _____	Vehicle 2 _____	Vehicle 3 _____					
Roadway Surface:							
<input type="checkbox"/> Concrete	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Slag	<input type="checkbox"/> Gravel	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
No. of Lanes	Roadway Flow:	<input type="checkbox"/> One-way Traffic		<input type="checkbox"/> Divided highway, median strip		<input type="checkbox"/> Divided highway, guard rail	
		<input type="checkbox"/> Divided highway, other barrier or barrier type unknown		<input type="checkbox"/> Not divided			
EMERGENCY MEDICAL SERVICES*			HOSPITAL INFORMATION				
Time (Military):			If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:				
Notified							
Arrived at Scene							
Arrived at Hospital							
			If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:				

OCCUPANT

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver							
Passenger							
Passenger							
V E H I C L E 2 Driver							
Passenger							
Passenger							
V E H I C L E 3 Driver							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted (for example, right front, undercarriage).

Additional Information

SIGN HERE	Officer's Rank and Signature	Badge/ID No	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
	Print Name in Full						

ACCIDENT DATA

Speed Limit - enter the posted or statutory speed limit of the roadway.

Location - enter the route number and the street name where the accident occurred, as reported on the MV-104A or MV-104AN.

Estimated Speed

- Enter the estimated speed of each vehicle involved in the accident.
- If more than three vehicles were involved, complete an additional MV-104D to show the speed(s) of the additional vehicle(s). For example, if there were four vehicles involved in the accident, the additional MV-104D would show Vehicle 1 re-labeled as Vehicle 4, to record the estimated speed of the fourth vehicle.

Vehicle Model

- Enter the model of each vehicle involved in the accident.
- If more than three vehicles were involved, complete an additional MV-104D to show the model(s) of the additional vehicle(s). For example, if there were four vehicles involved in the accident, the additional MV-104D would show "Vehicle 1" re-labeled as "Vehicle 4", to record the model of the fourth vehicle.

Roadway Surface - check the appropriate box for the type of roadway surface at the scene of the accident.

Number of Lanes - enter the number of travel lanes in the roadway.

Roadway Flow - check the appropriate box to describe the roadway flow.

Emergency Medical Services (includes fire and private EMS services) - enter the time at which emergency medical services were notified, arrived at the scene, and arrived at the hospital (if a coroner is present, do not enter any time).

Hospital Information

- Enter the name, county and state, if the victim was taken to a hospital (inside/outside NYS). DO NOT write "MORGUE".
- If a victim was transferred (inside/outside NYS) to another hospital (after the initial transportation), enter the name and county of the second hospital. (For example, victim was transferred from Albany Medical Center Hospital to Westchester County, Memorial Hospital.)

Note: In Column 18 (INJURED TAKEN TO) on forms MV-104A or MV-104AN, enter the four-digit hospital code for the hospital where the victim was transferred. If the victim was taken to a hospital outside NYS, enter the four-digit code of that state shown on the hospital list.



New York State Department of Motor Vehicles
POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

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



Local Code 6074339999	Accident Date Month 05 Day 25 Yr. 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed 1	No. of Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-88
Estimated Speed: Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2 _____ MPH <input type="checkbox"/> Unknown Vehicle 3 _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 TRACTOR Vehicle 2 _____ Vehicle 3 _____	
Roadway Surface: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 4	Roadway Flow: <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not divided
EMERGENCY MEDICAL SERVICES* Time (Military): Notified 2232 Arrived at Scene 2241 Arrived at Hospital	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: AD FOX HOSPITAL If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital: _____

OCCUPANT

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
VEHICLE 1 Driver							
Passenger							
Passenger							
VEHICLE 2 Driver							
Passenger							
Passenger							
VEHICLE 3 Driver							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted (for example, right front, undercarriage).

Additional Information

SIGN HERE	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
-----------	---	--------------	----------	--------------------------	---------------------	-------------------	--------------------

OCCUPANT

Complete the following information for up to three vehicles involved in the accident:

- Enter the names(s) of the driver and passenger(s) for each vehicle.
- Indicate whether the person in the vehicle is deceased. If the date of death is different than the date of the accident, enter the date of death in the Additional Information section.
- Enter the time of death (military time)
- Enter if the victim had to be extracted from the vehicle.
- Enter the type of extrication equipment used (for example, "jaws of life")
- Indicate whether there were air bags in the vehicle and if the air bags were deployed.
- Indicate the first area of the vehicle that was impacted (for example, right front).

ADDITIONAL INFORMATION

- Enter the name(s), address(es) and plate number(s) of the ambulance(s).
- Use this space to enter additional information about the accident, or to supplement the coded information.

POLICE IDENTIFICATION INFORMATION

Officer Completing the Report:

- **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 NYC 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 NY1234500, enter only 12345).
- **Precinct, Post Troop or Zone**, if applicable.
- **Station, Beat or Sector**, if applicable.

Officer/Supervisor Reviewing the Report:

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



POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

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



Local Code 6074339999	Accident Date Month 05 Day 23 Yr. 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed 1	No. of Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-88
Estimated Speed: Vehicle 1 Unknown Vehicle 2 Unknown Vehicle 3 Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 TRACTOR Vehicle 2 --- Vehicle 3 ---	
Roadway Surface: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 4	Roadway Flow: <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Not divided

EMERGENCY MEDICAL SERVICES* Time (Military): Notified 2232 Arrived at Scene 2241 Arrived at Hospital ---	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital: AD FOX HOSPITAL If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital: ---
--	---

OCCUPANT

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Air Bags Not in Vehicle	Initial Point of Impact to Vehicle***
Driver HAIGHT, W, RUSTY	N	-	N	-	N	-	CENTER FRONT
Passenger MUIR, BRADLEY, A	N	-	N	-	-	✓	CENTER FRONT
Driver PEDESTRIAN GALACIEWICZ, EUGENE, M	Y	2242	N	-	-	-	-
Passenger							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted (for example, right front, undercarriage).

Additional Information

SIGN HERE	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
-----------	---	------------------------------	--------------------------	--	------------------------------------	---------------------------------	--

PAGE LEFT BLANK INTENTIONALLY