

SECTION 5

Instructions for Amending

FORMS MV-104S and MV-104D

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HOW TO AMEND FORMS MV-104S and MV-104D

Whenever it is necessary to make changes to a "Bus and Truck Supplemental Police Accident Report" (MV-104S) or to a "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) previously submitted to DMV, it is necessary that the "Amended Report" **EXACTLY MATCH** the critical identifying information as shown in the **ORIGINAL** 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 an "X" in the "Amended Report" box on the MV-104S; or write "Amended Report" at the top of the MV-104D;
- enter the original date and military time of the accident;
- enter ALL driver and registration information, as originally reported;
- enter the location and county where the accident originally occurred;
- enter the information that requires amending on the "Bus and Truck Supplemental Police Accident Report" (MV-104S) and describe the change(s) in the Accident Description/Officer's Notes section of the "Police Accident Report" (MV-104A or MV-104AN).
- enter the information that requires amending on the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) and describe the change(s) in the Additional Information section (MV-104D) or in the Accident Description/Officer's Notes section of the "Police Accident Report" (MV-104A or MV-104AN).

NOTE: The MV-104A or MV-104AN must be submitted with the amended MV-104S or MV-104D.

HOW TO ORDER AND FILE FORM MV-104S OR MV-104D

- These forms are included in the back of the "Police Accident Report" (MV-104A) pads and may be ordered as a single sheet form on the "Enforcement Agency Forms Requisition", form MV-14P (see Appendix A).
- Staple the "Truck and Bus Supplemental Police Accident Report" (MV-104S) or the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) forms for a case to the associated "Police Accident Report" forms (MV-104A or MV-104AN). Submit the completed forms to the following address:

NYS Department of Motor Vehicles
Crash Records Center
PO Box 2084
Albany NY 12220-2084

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

**SUBMIT ORIGINAL
 MV-104A OR MV-104AN
 WITH AMENDED
 MV-104S OR MV-104D**

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 <input type="checkbox"/> Accident Reconstructed <input checked="" type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	VEHICLE 1 License ID Number: 978 654 312 Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City/Town: SAN DIEGO State: CA Zip Code: 92199				VEHICLE 2 License ID Number: 007 321 456 Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City/Town: MILFORD State: NY Zip Code: 13807				<input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN	
3	Date of Birth: 06/17/50 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 2 Public Property Damaged: <input checked="" type="checkbox"/>				Date of Birth: 07/29/29 Sex: M Unlicensed: <input type="checkbox"/> No. of Occupants: 1 Public Property Damaged: <input type="checkbox"/>				Name - exactly as printed on registration: CSI FUEL, INC.	
4	Name - exactly as printed on registration: P.O. BOX 208 City/Town: PLANO State: TX Zip Code: 75075				Name - exactly as printed on registration: [Blank] City/Town: [Blank] State: [Blank] Zip Code: [Blank]				Sex: [Blank] Date of Birth: [Blank]	
5	Plate Number: 54032 State of Reg: TX Vehicle Year & Make: 2005 MACK Vehicle Type: I2				Plate Number: [Blank] State of Reg: [Blank] Vehicle Year & Make: [Blank] Vehicle Type: [Blank]				Ticket/Arrest Number(s): [Blank] Violation Section(s): [Blank]	
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.				Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [Blank] 1 [Blank] 2 [Blank] Box 2 - Most Damage: [Blank] 3 [Blank] 4 [Blank] 5 [Blank]				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [Blank] 1 [Blank] 2 [Blank] Box 2 - Most Damage: [Blank] 3 [Blank] 4 [Blank] 5 [Blank]				ACCIDENT DIAGRAM 1. Rear End 2. Sideswipe (same direction) 3. Left Turn 4. Right Turn 5. Right Turn 6. Right Turn 7. Head On 8. Sideswipe (opposite direction)	
8	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER				Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No				Reference Marker: [Blank] Coordinates (if available): [Blank]	
9	Place Where Accident Occurred: County: OTSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ONEONTA Road on which accident occurred: I-88 (Route Number or Street Name) at 1) intersecting street: [Blank] (Route Number or Street Name) or 2) 0.2 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of EXIT 15 (Milepost, Nearest intersecting Route Number or Street Name)				Accident Description/Officer's Notes: DOG WAS HIT WHEN VEHICLE 1 STRUCK PEDESTRIAN				Names of all involved: [Blank] Date of Death Only: [Blank]	

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature: TROOPER 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

Local Codes
6074339999
SPIC10060037



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

AMENDED REPORT

<p>INSTRUCTIONS You must complete this form:</p> <ul style="list-style-type: none"> if at least one of the vehicles involved is: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. 		<p>Number of:</p> <p><u>1</u> Trucks having a GVWR or GCWR > 10,000 lbs.</p> <p><u>1</u> Vehicles with a Haz Mat placard</p> <p><u>0</u> Buses designed to carry 9 or more persons</p>	<p>Number of Vehicles:</p> <p><u>1</u> Towed/transported from scene due to damage</p> <p>Number of Persons:</p> <p><u>1</u> Sustaining fatal injuries</p> <p><u>0</u> Transported for IMMEDIATE medical treatment</p>
<p>ACCIDENT DATE: Mo. <u>05</u> Day <u>25</u> Year <u>06</u> MILITARY TIME <u>2230</u> COUNTY <u>OTSE</u> CITY/TOWN/VILLAGE <u>ONEONTA</u></p>			
DRIVER	<p>DRIVER LICENSE ID # <u>1917816543112</u> STATE OF LIC. <u>CA</u></p> <p>DRIVER NAME - exactly as printed on license (Last, First, M.I.) <u>HAIGHT, W, RUSTY</u></p>		
	<p>LICENSE CLASS: 1 A, 2 B, 3 GD L C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM</p> <p>DATE OF BIRTH: Mo. <u>06</u> Day <u>17</u> Year <u>50</u> SEX: 1 Male, 2 Female <u>1</u></p>		
CARRIER	<p>CARRIER NAME <u>CSI FUEL, INC.</u></p> <p>STREET OR P.O. BOX <u>P.O. BOX 208</u> CITY <u>PLANO</u> STATE <u>TX</u> ZIP CODE <u>75075</u> TOTAL AXLES (includes trailers) <u>5</u></p>		
	<p>PLATE NUMBER <u>54032</u> STATE OF REG. <u>TX</u> CARRIER'S IDENTIFICATION NUMBERS: US DOT <u>78631124</u> ICC MC</p>		
	<p>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.</p> <p>VEHICLE IDENTIFICATION NUMBER</p>		
<p>VEHICLE CONFIGURATION: 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</p>		<p>VEHICLE CONFIGURATION: 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)</p>	
<p>CARGO BODY TYPE: 1 Bus (seats for more than 15 people, including driver), 2 Van/Enclosed Box, 3 Cargo Tank, 4 Flatbed, 5 Dump</p>		<p>CARGO BODY TYPE: 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)</p>	
<p>HAZARDOUS MATERIALS INVOLVEMENT: Does vehicle have Haz Mat placard? 1 Yes 2 No</p> <p>COPY FROM PLACARD: 4-digit identification number from diamond/orange panel, 1 or 2-digit number from bottom of diamond.</p> <p>NAME OF HAZ MAT CLASS:</p>		<p>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), 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), 23 With Other Movable Object (collision), 24 With Unknown Movable Object (collision)</p>	
<p>WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No</p>		<p>OFFICER'S RANK AND SIGNATURE <u>TPR JO Smith</u> BADGE/ID NO. <u>10378</u> NCIC NO. <u>13801</u> DATE OF REPORT <u>05/26/06</u></p> <p>PRINT NAME IN FULL <u>TROOPER JO SMITH</u></p>	



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