



BICYCLE ACCIDENT REPORT (NOT INVOLVING A MOVING MOTOR VEHICLE)

FOR DMV USE ONLY

PLEASE READ ALL INSTRUCTIONS ON PAGE 2 OF THIS FORM.

Then print the required information in the spaces below. Use black ink.

Accident Date, Day of Week, Time of Day, Number of Bicycles, Did police investigate accident at scene?, Name of Police Agency

Bicyclist's Name: Last, First, M.I., Date of Birth, Male, Female

Address: Number and Street (Include Apt. #), City/Town/Village, State, Zip Code

ACCIDENT DESCRIPTION

A. ACCIDENT LOCATION, B. LIGHT CONDITION, C. ROAD CONDITION, D. ROAD SURFACE, E. PRE-ACCIDENT BICYCLIST ACTION, F. DIRECTION OF TRAVEL, G. FIRST EVENT OF ACCIDENT, H. EQUIPMENT DEFECTS

INJURY DESCRIPTION

I. SEVERITY OF INJURIES, J. LOCATION OF MOST SEVERE INJURY, K. TYPE OF MOST SEVERE INJURY, L. REQUIRED HEALTH SERVICES, M. BICYCLE HELMET

Date, Signature, If signed by person other than bicyclist, explain why.

INSTRUCTIONS FOR COMPLETING FORM

WHO MUST REPORT?

The New York State Vehicle and Traffic Law Section 605(b) requires every person riding a bicycle who is involved in an accident **occurring in New York State** in which another person is killed, or in which the bicyclist or another person suffers serious physical injury, to complete this accident report. The Penal Law definition of "serious physical injury" is provided on the bottom of this page.

If the bicyclist cannot personally complete this report because of his/her age, a parent or guardian is legally responsible for preparing and turning in the report.

NOTE: If the accident involved a **moving** motor vehicle, motorcycle or moped, and serious physical injury resulted, the bicyclist must use **form MV-104 (Report of Motor Vehicle Accident)** instead of this form.

WHEN?

The bicyclist must send this report to the Department of Motor Vehicles within ten days after the date of the accident. If the bicyclist is physically unable to do that because of injuries, he/she must complete the report as soon as he/she is able to do so.

WHERE?

After completing and signing this report, send it to:

Crash Records Center
PO Box 2925
6 Empire State Plaza
Albany, NY 12220-0925

HOW?

Complete all items on page 1 of this report. Most of the items have several numbered choices. In the box () on the right side of the page, next to the question you are answering, write the **number** of the choice that best answers the question.

If you use "Other" for C, E, G or H, in the Accident Description section, please explain your response in the space provided.

For I through M, be sure to complete boxes for **all** persons involved in the accident.

PENAL LAW - SECTION 10.10 DEFINITIONS

Traffic Control

Traffic controls include traffic lights, traffic signs, crossing guards or police.

Serious Physical Injury

A serious physical injury that requires reporting means a physical injury which creates a substantial risk of death, or which causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.