NEW YORK STATE | Department of Motor Vehicles

BICYCLE CRASH 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.

Crash Date (Month / Day / Year)	Day of Week	Crash Time	Number of Bicycles	Police Investigated at Scene	Name of Police Agency
		☐ AM ☐ PM		☐	

Bicyclist's Name: Last	First	M.I.	Date of Birth	☐ M ☐ F ☐ X

Address (include house number, street, and apt #)	City/Town/Village	State	Zip Code

CRASH DESCRIPTION

A. CRASH LOCATION

1. → Route Number/Street	Nearest Intersecting Street/Route	☐ City ☐ Town ☐ Village	County
2. → At Intersection: 1. Yes 2. No			
3. → Was there any traffic control where the crash took place?* 1. Yes 2. No			
4. → Road Position: 1. Traffic Lane 2. Bicycle Lane 3. Shoulder			

B. LIGHT CONDITION
1. Daylight 2. Dawn 3. Dusk 4. Dark - Road Lighted 5. Dark - Road Unlighted

C. ROAD CONDITION
1. Dry 2. Wet 3. Muddy 4. Snow/Ice 5. Slush 6. Flooded 6. Other* _____

D. ROAD SURFACE
1. Paved 2. Unpaved

E. PRE-CRASH BICYCLIST ACTION
1. Going Straight 2. Making Right Turn 3. Making Left Turn 4. Slowing/Stopping 5. Entering Traffic 6. Starting in Traffic 7. Changing Lanes 8. Stopped in Roadway 9. Avoiding Object on Road 10. Merging/Overtaking 11. Other _____

F. DIRECTION OF TRAVEL
1. With Traffic Flow 2. Against Traffic Flow

G. FIRST EVENT OF CRASH
Collision With: 1. Pedestrian 2. Bicyclist 3. Animal 4. Parked Vehicle 5. Fixed Object 6. Other _____
No Collision: 7. Fell Over 8. Ran Off Road 9. Other _____

H. EQUIPMENT DEFECTS
1. None 2. Brakes 3. Tires/Wheels 4. Other _____

INJURY DESCRIPTION

I. SEVERITY OF INJURIES
1. Fatal
2. Serious*
3. Minor
4. None

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

K. TYPE OF MOST SEVERE INJURY
1. Amputation 2. Concussion 3. Internal 4. Minor Bleeding 5. Severe Bleeding 6. Minor Burn 7. Moderate Burn 8. Severe Burn 9. Fracture-Dislocation 10. Contusion - Bruise 11. Abrasion 12. Complaint of Pain 13. None Visible 14. Whiplash

L. REQUIRED HEALTH SERVICES
1. Emergency Medical Services - Hospitalized
2. Emergency Medical Services - Not Hospitalized
3. No Emergency Medical Services - Later Treatment
4. None

M. BICYCLE HELMET
1. Was wearing a bicycle helmet
2. Was not wearing a bicycle helmet

For I, J, K, L, M: Reporting Bicyclist ☐ | Other Bicyclist ☐ | Bicycle Passenger ☐ | In-Line Skater ☐ | Pedestrian ☐

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

See definition on page 2 of this form.

reset/clear

INSTRUCTIONS FOR COMPLETING FORM

WHO MUST REPORT?

The New York State Vehicle and Traffic Law Section 605(b) requires every person operating a bicycle who is involved in an accident **occurring on a public highway in New York State** in which any person is killed (other than the operator), or in which the bicyclist or another person suffers serious physical injury, to complete this crash 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 age, a parent or guardian is legally responsible for preparing and turning in the report.

NOTE: If the crash involved a **moving** motor vehicle, motorcycle or moped, and death or serious physical injury resulted, the bicyclist must use **form MV-104 (Report of Motor Vehicle Crash)** 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 crash. If the bicyclist is physically unable to do that because of injuries, the bicyclist must complete the report as soon as the bicyclist 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 Crash 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 crash.

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.