



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 Mo. Day Year | Day of Week | Time of Day : <input type="checkbox"/> AM <input type="checkbox"/> PM | Number of Bicycles | Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Police Agency |
| Bicyclist's Name: Last | | First | M.I. | Date of Birth | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X |
| Address: Number and Street (Include Apt. #) | | | City/Town/Village | State | Zip Code |

ACCIDENT DESCRIPTION

| | | | | | |
|---|--|--|-----------------------------------|--|--------|
| A. ACCIDENT LOCATION | 1. → | Route Number/Street | Nearest Intersecting Street/Route | <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village | County |
| | 2. → | At Intersection: 1. Yes 2. No | | | |
| | 3. → | Was there any traffic control where the accident 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-ACCIDENT BICYCLIST ACTION | 1. Going Straight | 4. Slowing/Stopping | 7. Changing Lanes | 10. Merging/Overtaking | |
| | 2. Making Right Turn | 5. Entering Traffic | 8. Stopped in Roadway | 11. Other _____ | |
| | 3. Making Left Turn | 6. Starting in Traffic | 9. Avoiding Object on Road | _____ | |
| F. DIRECTION OF TRAVEL | 1. With Traffic Flow 2. Against Traffic Flow | | | | |
| G. FIRST EVENT OF ACCIDENT | 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 | Reporting Bicyclist <input type="checkbox"/> Other Bicyclist <input type="checkbox"/> Bicycle Passenger <input type="checkbox"/> | In-Line Skater <input type="checkbox"/> Pedestrian <input type="checkbox"/> | |
| | J. LOCATION OF MOST SEVERE INJURY | 1. Head 5. Chest 9. Abdomen-Pelvis 2. Face 6. Back 10. Hip-Upper Leg 3. Eye 7. Shoulder-Upper Arm 11. Knee-Lower Leg-Foot 4. Neck 8. Elbow-Lower Arm-Hand 12. Entire Body | Reporting Bicyclist <input type="checkbox"/> Other Bicyclist <input type="checkbox"/> Bicycle Passenger <input type="checkbox"/> | In-Line Skater <input type="checkbox"/> Pedestrian <input type="checkbox"/> |
| | | K. TYPE OF MOST SEVERE INJURY | 1. Amputation 6. Minor Burn 11. Abrasion 2. Concussion 7. Moderate Burn 12. Complaint of Pain 3. Internal 8. Severe Burn 13. None Visible 4. Minor Bleeding 9. Fracture-Dislocation 14. Whiplash 5. Severe Bleeding 10. Contusion - Bruise | Reporting Bicyclist <input type="checkbox"/> Other Bicyclist <input type="checkbox"/> Bicycle Passenger <input type="checkbox"/> |
| L. REQUIRED HEALTH SERVICES | | | 1. Emergency Medical Services - Hospitalized 2. Emergency Medical Services - Not Hospitalized 3. No Emergency Medical Services - Later Treatment 4. None | Reporting Bicyclist <input type="checkbox"/> Other Bicyclist <input type="checkbox"/> Bicycle Passenger <input type="checkbox"/> |
| | M. BICYCLE HELMET | | 1. Was wearing a bicycle helmet 2. Was not wearing a bicycle helmet | Reporting Bicyclist <input type="checkbox"/> Other Bicyclist <input type="checkbox"/> Bicycle Passenger <input type="checkbox"/> |

| | | |
|------|-----------|--|
| 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 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, 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 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.