



Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

MV-104D (3/16)

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

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Local Code, Accident Date (Month, Day, Yr.), Military Time, County, City/Town/Village, No. Killed, No. of Vehicles, Work Related (Yes/No)

Name and Address of Deceased

ACCIDENT DATA

Speed Limit (MPH), Location (Route Number or Street Name), Estimated Speed (Vehicle 1, 2, 3), Vehicle Model, Roadway Surface, No. of Lanes, Roadway Flow

EMERGENCY MEDICAL SERVICES* (Time, Notified, Arrived at Scene, 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; If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital)

OCCUPANT

Table with columns: 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***

* 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