NEW YORK STATE | Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

Continuation Sheet Page _____ of _____ Pages

Accident Date (Month/Day/Year)	County of Accident	Last Name of School Bus Driver	First	M.I.	School Bus Plate Number

ALL PERSONS INJURED OR KILLED
Provide Information for Every Person Injured or Killed in Accident *(Continued from MV-104F)*

INJURY SECTION
Check proper column(s).*See instruction 7 on Page 6.*

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries

ATTACH TO COPY 1 OF FORM MV-104F

NEW YORK STATE | Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

Continuation Sheet Page _____ of _____ Pages

Accident Date (Month/Day/Year)	County of Accident	Last Name of School Bus Driver	First	M.I.	School Bus Plate Number

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INJURY SECTION
Check proper column(s).*See instruction 7 on Page 6.*

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries

ATTACH TO COPY 2 OF FORM MV-104F
ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS.

NEW YORK STATE | Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

Continuation Sheet Page _____ of _____ Pages

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Provide Information for Every Person Injured or Killed in Accident *(Continued from MV-104F)*

INJURY SECTION
Check proper column(s).*See instruction 7 on Page 6.*

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries

ATTACH TO COPY 3 OF FORM MV-104F
ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS.

NEW YORK STATE | Department of Motor Vehicles

ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

Continuation Sheet Page _____ of _____ Pages

Accident Date (Month/Day/Year)	County of Accident	Last Name of School Bus Driver	First	M.I.	School Bus Plate Number

ALL PERSONS INJURED OR KILLED
Provide Information for Every Person Injured or Killed in Accident *(Continued from MV-104F)*

INJURY SECTION
Check proper column(s).*See instruction 7 on Page 6.*

Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries

ATTACH TO COPY 4 OF FORM MV-104F
ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS.

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