



AMENDED REPORT

Page _____ of _____ Pages

Precinct
Local Accident Number

IMPORTANT: If you are the officer in charge, complete and sign this form, and attach it to the MV-104A or MV-104AN.

Accident Date	Accident Time	County
/ Month Day Year	In Military Time	

NAMES OF DRIVERS: (Please Print or Type)

Check the box below if the vehicle was operated by a **police officer during emergency operation** (as defined by Vehicle and Traffic Law Section 114-b) when the accident occurred. If the officer(s) was not charged with a violation or found to be grossly negligent, DMV will not display the accident on the police officer's license abstract pursuant to Section 605(a)(4) of the Vehicle and Traffic Law.

	Last	First	M.I.	State of Veh. Reg.	Plate Number	Driver License State	Driver License Number
VEH 1 <input type="checkbox"/>							
VEH 2 <input type="checkbox"/>							
VEH 3 <input type="checkbox"/>							
VEH 4 <input type="checkbox"/>							
VEH 5 <input type="checkbox"/>							
VEH 6 <input type="checkbox"/>							

Pursuant to Section 605 of the New York State Vehicle and Traffic Law, the attached Police Accident Report is also the motorist report for vehicle number(s) _____.

Date	Signature of Owner of Police Vehicle/Police Agency Representative	NCIC #
	X	