



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (11/18)

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

Local Codes

AMENDED REPORT

INSTRUCTIONS You must complete this form:
- IF at least one of the vehicles involved is:
- a truck having a GVWR or GCWR > 10,000 lbs.; or
- a vehicle with a HazMat (HM) placard; or
- a bus designed to carry 9 or more persons, including the driver;
- AND at least one of the following conditions is met:
- at least one person sustained fatal injuries
- at least one person was transported for IMMEDIATE medical treatment
- at least one vehicle is disabled and was towed/transported from the scene.

Number of:
Trucks having a GVWR or GCWR > 10,000 lbs.
Vehicles with a HazMat (HM) placard
Buses designed to carry 9 or more persons

Number of Vehicles:
Towed/transported from scene due to damage
Number of Persons:
Sustaining fatal injuries
Transported for IMMEDIATE medical treatment

ACCIDENT DATE (Mo., Day, Year), MILITARY TIME, COUNTY, CITY/TOWN/VILLAGE

DRIVER: DRIVER LICENSE ID #, DRIVER NAME, LICENSE CLASS (A, B, CDL C, D, DJ, E, M, MJ, OTHER), DATE OF BIRTH, SEX

CARRIER: CARRIER NAME, STREET OR P.O. BOX, CITY, STATE, ZIP CODE, TOTAL AXLES, PLATE NUMBER, STATE OF REG., CARRIER'S IDENTIFICATION NUMBERS (US DOT, MC/MX)

GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES (1, 2, 3), VEHICLE IDENTIFICATION NUMBER

VEHICLE CONFIGURATION (1-12), TRAFFIC WAY (1-5)

CARGO BODY TYPE (1-16), ACCESS CONTROL (1-4)

CARRIER TYPE (1-4), BUS TYPE (1-6)

HAZARDOUS MATERIALS INVOLVEMENT (1-2), SEQUENCE OF EVENTS (FOR THIS VEHICLE) (1-24)

WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (1-2)

OFFICER'S RANK AND SIGNATURE, BADGE/ID NO., NCIC NO., DATE OF REPORT, PRINT NAME IN FULL