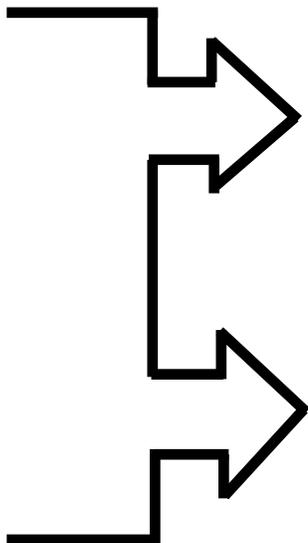
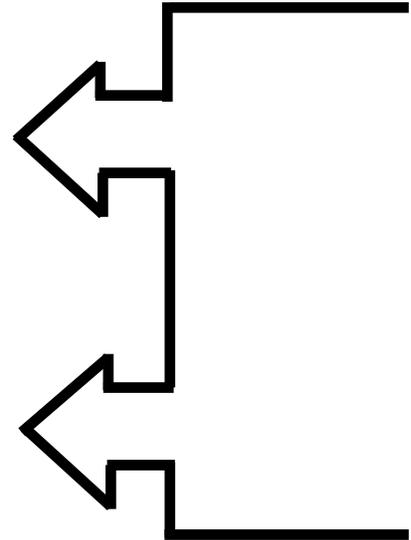


**STATE OF NEW YORK**

**DEPARTMENT  
OF  
MOTOR VEHICLES**



**POLICE CRASH  
REPORT SUBMISSION  
INSTRUCTIONS**

# TABLE OF CONTENTS

Police Reporting of Motor Vehicle Crashes . . . . .	1
Statutory Requirements. . . . .	1
Reports by Drivers . . . . .	2
Police Accident Report Forms . . . . .	3
Ordering Forms. . . . .	3
Filing Accident Reports . . . . .	4
SECTION 1 - Instructions for Completing "Police Accident Report" Forms MV-104A and MV-104AN . . . . .	5-45
SECTION 2 - Instructions for Amending Forms MV-104A and MV-104AN. . . . .	47-51
SECTION 3 - Instructions for Completing "Truck and Bus Supplemental Police Accident Report" Form MV-104S . . . . .	53-69
SECTION 4 - Instructions for Completing "Early Notification of a Fatal Accident" Form MV-104EN and "Police Report for Fatal Motor Vehicle Accidents" Form MV-104D . . . . .	71-81
SECTION 5 - Instructions for Amending Forms MV-104S and MV-104D . . . . .	83-87
SECTION 6 - Instructions for Completing "Report of Motor Vehicle Accident Police Line of Duty Accident" Form MV-104L. . . . .	89-93
APPENDICES . . . . .	95-99
A - "Enforcement Agency Forms Requisition" Form MV-14P	
B - State/Canadian Province Abbreviations	
C - Vehicle Type	
D - Carrier Type Definitions	

## POLICE REPORTING OF MOTOR VEHICLE CRASHES

This manual is designed to assist police officers throughout New York State in reporting motor vehicle and all-terrain vehicle (ATV) crashes, as required by the Vehicle and Traffic Law. Report the crash on one of two forms approved by the Commissioner of Motor Vehicles:

- **“Police Accident Report”, form MV-104A**, is for use in all areas of the state except New York City;
- **“Police Accident Report”, form MV-104AN**, is for use only in New York City.

**“Truck and Bus Supplemental Police Accident Report”, form MV-104S**, must be used to report certain crashes involving commercial truck and bus vehicles.

**“Police Report for Fatal Motor Vehicle Accidents”, form MV-104D**, must be used to report fatal crashes.

**“Report of Motor Vehicle Accident Police Line of Duty Accident”, form MV-104L**, may be used to report on-duty crashes by owners/operators of police vehicles.

By law, police officers must investigate and report motor vehicle crashes involving death or personal injury. Crash investigation and report data is a valuable contribution to state and federal programs which reduce the number and/or severity of crashes.

## STATUTORY REQUIREMENTS

The New York State Vehicle and Traffic Law requires that:

*Every police or judicial officer to whom an accident resulting in injury to a person is reported, shall (as required by Sections 600, 601, 602, 603, and 604) immediately investigate the facts, or cause the same to be investigated, and shall report the matter forthwith to the Commissioner of Motor Vehicles provided, however, that the report of the accident is made to the police officer or judicial officer within five days after such accident. Section 603 also says the police are not precluded from reporting any other accident which, in the judgment of such police officer, would be required to be reported to the Commissioner by the operator of a vehicle per Section 605.*

*It shall be the duty of any member of a law enforcement agency who is at the scene of the accident to request the operator or operators of the motor vehicles, when physically capable of doing so, to exchange the information required above. The member of a law enforcement agency shall assist the vehicle operator or operators in making the exchange of information in a reasonable and harmonious manner.*

**Airbag Deployment** - Police officers are required to include such information in the accident reports.

**ATV** - If an all-terrain vehicle (ATV)\* is involved in an accident, the driver's and owner's name and address and the registration plate number must be given to all injured persons, the owners of damaged property and the police.

*\*“All-terrain vehicle” or “ATV” means any self-propelled vehicle which is manufactured for sale for operation primarily on off-highway trails or off-highway competitions and only incidentally operated on public highways providing that such vehicle does not exceed seventy inches in width, or one thousand pounds dry weight. Provided, however, this definition shall not include a “snowmobile” or other self-propelled vehicles manufactured for off-highway use exclusively designed for travel on snow or ice, steered by skis or runners and supported in whole or in part by one or more skis, belts, or cleats which utilize an endless belt tread.*

*“Reports of accidents required under the preceding section, or under the rules and regulations of the commissioner, shall be upon forms prepared by him and contain such information as he shall prescribe. Blank forms for such reports shall be printed by the commissioner and a supply sent to all city, town and village clerks and to the chief officer of every city police department for general distribution and use as herein provided. Reports of accidents, required under the preceding section, shall be sent to and filed with the commissioner at the main office of the bureau (department) of motor vehicles in the city of Albany, except as otherwise provided by the rules and regulations of the commissioner.” (V&T Sec. 604)*

## REPORTS BY DRIVERS

**Motorists are required to report crashes on form MV-104, "Report of Motor Vehicle Accident", involving:**

- **death.**
- **personal injury; or**
- **property damage to any one person in excess of \$1,000.**

Form MV-104 is available from DMV offices, local police, insurance agents, or the DMV website at: [dmv.ny.gov](http://dmv.ny.gov).

Section 605 of the Vehicle and Traffic Law, which requires such report, states:

*Every person operating a motor vehicle, except a police officer (as defined in subdivision thirty-four of section 1.20 of the criminal procedure law), or a firefighter, operating a police department or fire department vehicle while on duty, if a report has been filed by the owner of such vehicle, which is in any manner involved in an accident, anywhere within the boundaries of this state, in which any person is killed or injured, or in which damage to the property of any one person, including himself, in excess of one thousand dollars is sustained, shall within ten days after such accident, report the matter in writing to the commissioner. If such operator or chauffeur be physically incapable of making such report and there be another participant in the accident not incapacitated, such participant shall make such report within ten days after such accident. If the operator or chauffeur involved in such accident be unable to make such report, the owner of the motor vehicle involved in such accident, if such owner be not involved in such accident or incapacitated, shall within ten days after he learns of the fact of such accident report the matter to the commissioner together with such information as may have come to his knowledge relating to such accident. . .*

*Failure to report an accident as provided, or failure to give correctly the information required of him by the commissioner in connection with such report, shall be a misdemeanor and shall constitute a ground for suspension or revocation of the operator's (or chauffeur's) license or all certificates of registration for any motor vehicle, or both, of the person failing to make such reports as required...*

Section 2413 of the Vehicle and Traffic Law states:

*The operator of any ATV involved in any accident resulting in injuries to or death of any person or in which property damage in the estimated amount of six hundred dollars or more is sustained, shall immediately notify the nearest law enforcement agency and shall within ten days after such accident report the matter in writing to the department, with a copy thereof to the sheriff or police commissioner of the county in which said accident occurred...*

*Failure of any person to report an accident as herein provided or failure to give correctly the information required of him by the commissioner in connection with such report shall be a misdemeanor and shall constitute a ground for suspension or revocation of the ATV safety certificate of any person or the certificate of registration of any ATV involved in the accident. The commissioner may temporarily suspend the ATV safety certificate of the person failing to make such report or the certificate of registration of the ATV involved in the accident until such report has been filed.*

## POLICE ACCIDENT REPORT FORMS

### Form MV-104A (upstate agencies)

Police Accident Report form MV-104A consists of a cover sheet and a two-sided, 8½” x 11” report. The questions and answer choices on the cover sheet and the front of the report are identical to form MV-104AN.

The back of the 8½” x 11” MV-104A report contains a hospital list for New York State excluding the New York City area.

You are required to follow the instructions in this manual to complete form MV-104A. Contact the training officer in your Department for instructions on how to complete additional fields on the back of the form MV-104A.

### Form MV-104AN (New York City agencies)

Police Accident Report form MV-104AN consists of a cover sheet and a two-sided, 8½” x 11” report. The questions and answer choices on the cover sheet and the front of the report are identical to form MV-104A.

The back of the cover sheet of form MV-104AN contains a hospital list for New York City and the surrounding area. Additional information is required on the back of the report form.

You are required to follow the instructions in this manual to complete form MV-104AN. Contact the New York City Police training officer in your precinct for instructions on how to complete additional fields on the back of the form MV-104AN.

### Cover Sheet

Each copy of form MV-104A and form MV-104AN has an attached **cover sheet** with categories/response codes (boxes 1 - 30). At the scene of the crash, the investigating officer should choose the appropriate code for each category and **print** the corresponding number or letter in the designated box on the report form, using a **black ballpoint pen**.

## ORDERING FORMS

Use the “Enforcement Agency Forms Requisition”, form MV-14P (see Appendix A) to order forms MV-104A, MV-104AN, MV-104S and MV-104D. Send the requisition by mail, fax, or email:

NYS DMV  
TSLE&D PROGRAM  
6 EMPIRE STATE PLAZA, RM 424E  
ALBANY NY 12228  
Telephone: (518) 486-6583  
Fax: (518) 473-6597  
Email: [tsledsupply@dmv.ny.gov](mailto:tsledsupply@dmv.ny.gov)

## FILING ACCIDENT REPORTS

Promptly send completed reports to the Department of Motor Vehicles after a crash. Section 603 of the Vehicle and Traffic Law states that police or judicial officers hearing and investigating crashes should "report the matter to the commissioner forthwith (immediately)." Section 605 directs that motorists, participants, or owners of vehicles involved in reportable accidents shall "within ten days after such an accident report the matter in writing to the commissioner."

A peace, police or judicial officer who investigates or receives information of an crash involving an ATV should submit a written report to DMV within 48 hours; a copy should be retained in the local records.

**Please note: DMV must receive the original first page of the accident report.**

**All NYS law enforcement agencies** should send completed reports to:

NYS DMV  
CRASH RECORDS CENTER  
PO BOX 2606  
ALBANY NY 12220-0606

Requests for information and advice about these forms should be directed to the Crash Records Center, or you may call (518) 474-6518.

If you want to send an accident report by **Express Mail** to DMV, please mail to this address:

NYS DMV  
CRASH RECORDS CENTER  
6 EMPIRE STATE PLAZA  
ALBANY NY 12228

### **Crashes That Involve a Commercial Motor Vehicle or Result in a Fatality**

Mail supplemental form MV-104D (for fatals) or MV-104S (for truck/bus) with the MV-104A/AN accident report to this address:

NYS DMV  
CRASH RECORDS CENTER  
PO BOX 2084  
ALBANY NY 12220-2084

# **SECTION 1**

**Instructions for Completing**  
**POLICE ACCIDENT REPORT**

**Forms MV-104A and MV-104AN**

## COMPLETING THE "POLICE ACCIDENT REPORT", FORMS MV-104A AND MV-104AN

### Page Number

- Enter the page number, even if there is only one page (for example, "Page **1** of **1** Pages").
- If there is not enough space to enter information in the "Accident Description/Officer's Notes" section, use additional forms for the same crash:
  - Enter "Page **1** of **2** Pages" on the original report; "Page **2** of **2** Pages" on the second report form, and so on. The page numbering should be continuous when an accident report (forms MV-104A or MV-104AN) requires completing forms MV-104S, MV-104D, MV-104L, etc.
  - Enter date, time, county and local codes on each additional form.

### Local Codes, Precinct, Accident No. and Complaint No.

This block is available for use by the police agency. Enter a case number, complaint number or any other identifying information the police agency finds helpful.

The image shows two examples of Police Accident Report forms. The left form is MV-104A (9/17) and the right form is MV-104AN (9/17). Both forms have a header with 'New York State Department of Motor Vehicles' and 'POLICE ACCIDENT REPORT'. The left form has 'Page 1 of 3 Pages' and 'Local Codes' 6074339999. The right form has 'Page 1 of 1 Pages' and 'Precinct' 801234. Both forms have an 'AMENDED REPORT' checkbox.

### Crash Identification Information

On the first line of the report, complete the crash identification information, as follows:

**Accident Date** - Enter the 2-digit month, day and year. If a parked vehicle is damaged, the accident date should be the earliest date the vehicle was parked. For example, if a vehicle was parked on Friday (09/02/05) and the damage to the vehicle was not discovered until Monday (09/05/05), the accident date should be reported as Friday (09/02/05).

**NOTE:** The accident report cannot be processed without a valid accident date.

**Day of Week** - Enter the first two letters of the day on which the crash occurred (for example, Friday is entered as "FR").

**Military Time** - Enter the time the crash occurred (for example, 0015 = 12:15 A.M.).

**No. of Vehicles** - Enter the number of motor vehicles involved in the crash. If there are more than two vehicles, use additional forms.

- If a tow truck with a vehicle in tow is involved in a crash, count the tow truck and vehicle as one vehicle.
- If a tractor-trailer is involved in a crash, count the single or tandem tractor-trailer as one vehicle.

**No. Injured** - Enter the number of persons injured in the crash. Do not include any fatal injuries.

**No. Killed** - Enter the number of persons killed in the crash. If no one is killed, enter zero (0).

**Not Investigated at Scene** - Check if the officer was not present or did not investigate at the scene of the crash.

**Accident Reconstructed** - Check if the crash was reconstructed and print the name of the crash reconstruction officer in the "Accident Description/Officer's Notes" section.

**Left Scene** - Check if the crash meets the definition of "leaving scene of an incident", as described in Section 600 of the Vehicle and Traffic Law.

**Police Photos** - Check the "YES" or "NO" box to indicate whether photographs of the crash scene were taken by the investigating police agency.

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104A (9/17)

Local Codes  
6074339999  
SPIC10006037

AMENDED REPORT

Accident Date Month <u>05</u> Day <u>25</u> Year <u>06</u>	Day of Week <u>TH</u>	Military Time <u>2230</u>	No. of Vehicles <u>1</u>	No. Injured <u>1</u>	No. Killed <u>1</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos Accident Reconstructed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--------------------------	------------------------------	-----------------------------	-------------------------	------------------------	--	-------------------------------------	---

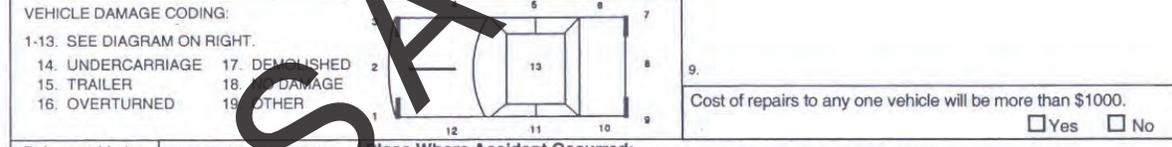
VEHICLE 1		VEHICLE 2	
State of Lic.	State of Lic.	State of Lic.	State of Lic.
License ID Number	License ID Number	License ID Number	License ID Number
Driver Name - exactly as printed on license	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
Address (Include Number & Street)			
Apt. No.	Apt. No.	Apt. No.	Apt. No.

City or Town	State	Zip Code	City or Town	State	Zip Code
Date of Birth Month Day Year	Sex	Unlicensed <input type="checkbox"/>	No. of Occupants	Public Property Damaged <input type="checkbox"/>	
Name - exactly as printed on registration	Sex	Date of Birth Month Day Year	Name - exactly as printed on registration	Sex	Date of Birth Month Day Year

Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>		
City or Town	State	Zip Code	City or Town	State	Zip Code				
Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code

Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
<b>VEHICLE 1 DAMAGE CODES</b> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	<b>VEHICLE 2 DAMAGE CODES</b> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes	Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)
Vehicle By Towed: _____ To: _____	Vehicle By Towed: _____ To: _____	<b>ACCIDENT DIAGRAM</b> Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Yes <input type="checkbox"/> No



Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full						

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

USE COVER SHEET

## DRIVER INFORMATION

**IT IS IMPORTANT TO CLEARLY PRINT THE DRIVER'S INFORMATION EXACTLY AS IT APPEARS ON THE LICENSE DOCUMENT. THIS INFORMATION IS USED TO MATCH THE REPORT WITH THE CORRECT LICENSE RECORD, OR TO CREATE A NEW CLIENT RECORD, IF NECESSARY.**

**Vehicle 1** - Complete only if the crash involved a motor vehicle or an ATV (a motorcycle, moped, or motorized bicycle is a motor vehicle ) **and**

**Vehicle 2** - the crash involved a second motor vehicle/ATV, or a bicyclist, pedestrian or "other pedestrian", motorized scooters and non-motorized conveyance, such as skateboard, sled, or wheelchair.

If more than two drivers/vehicles, bicyclist, pedestrians' or "other pedestrians" are involved in a crash, use additional report forms. Enter the information for a third driver/vehicle in the space captioned "Vehicle 1" on the second form and mark it "3", use the "Vehicle 2" space for a fourth driver/vehicle and mark it "4", and so on.

**Driver License ID Number** - print the number from the license document.

**State of Lic.** - Abbreviate the state or province that issued the driver license (see Appendix B).

**Driver Name** - Print the last name, first name and middle initial.

- parked vehicle - print "parked attended" or "parked unattended"
- vehicle left the scene of the crash - print "LSA"

**NOTE:** If the crash occurred in a police vehicle while in the line of duty, print a capital letter "P" in a circle, next to the name of the vehicle driver.

**Address** - Print the driver's current address even if different than shown on the license document.

**NOTE:** If the crash occurred in a police vehicle while in the line of duty, print the precinct/post/troop/zone address of the vehicle driver when a driver license number and date of birth are supplied on the MV-104A or MV-104AN and/or license number is supplied on the associated MV-104L.

**Date of Birth** - Print the driver's 2-digit month, day and year.

**Sex** - Print "F" or "M".

**Unlicensed** - Check only if the driver does not have any license at all. Do not check the "UNLICENSED" box if the motorist has a suspended, revoked, conditional or restricted license.

**No. of Occupants** - Include the driver and any individuals who were in or on the vehicle at the time of the crash. (For example, include all occupants of a bus, regardless of injury status.)

**Public Property Damage** - Check if the vehicle damaged public property such as guide rails, sign posts, or traffic signals. Public property does not include utility poles owned by a private utility company. The specific property damaged should be explained in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104A (9/17)

Local Codes  
607433999  
SPIC10000037

AMENDED REPORT

Accident Date Month 05 Day 25 Year 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accident Reconstructed <input checked="" type="checkbox"/>								

VEHICLE 1				VEHICLE 2				BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input checked="" type="checkbox"/> OTHER PEDESTRIAN <input type="checkbox"/>			
VEHICLE 1 - Driver License ID Number 978 654 312 State of Lic. CA				VEHICLE 2 - Driver License ID Number 007 321 456 State of Lic. NY							
Driver Name - exactly as printed on license HAIGHT, W, RUSTY				Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M							
Address (Include Number & Street) 3248 HOLLYWOOD BLVD				Address (Include Number & Street) 141 GREEN STREET							
City or Town SAN DIEGO State CA Zip Code 92199				City or Town MILFORD State NY Zip Code 13807							

Date of Birth Month 06 Day 17 Year 50 Sex M Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month 07 Day 29 Year 29 Sex M Unlicensed <input type="checkbox"/>	No. of Occupants 1	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration			Name - exactly as printed on registration		

Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>	Address (Include Number & Street)	Apt. No.	Haz. Mat. Code	Released <input type="checkbox"/>
City or Town		State Zip Code		City or Town		State Zip Code	

Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
--------------	---------------	---------------------	--------------	-----------	--------------	---------------	---------------------	--------------	-----------

Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
<b>VEHICLE 1 DAMAGE CODES</b> Box 1 - Point of Impact 1 2 Box 2 - Most Damage Enter up to three more Damage Codes 3 4 5	<b>VEHICLE 2 DAMAGE CODES</b> Box 1 - Point of Impact 1 Box 2 - Most Damage Enter up to three more Damage Codes 3 4 5	
Vehicle Towed: By To	Vehicle Towed: By To	9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE DAMAGE CODING:  
 1-13. SEE DIAGRAM ON RIGHT.  
 14. UNDERCARRIAGE 17. DEMOLISHED  
 15. TRAILER 18. NO DAMAGE  
 16. OVERTURNED 19. OTHER

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing	City <input type="checkbox"/> Village <input type="checkbox"/> Town of
	Longitude/Easting:	Road on which accident occurred (Route Number or Street Name)
		intersecting street (Route Number or Street Name)
		or 2) _____ of _____ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
ALL INVOLVED	A														
	B														
	C														
	D														
	E														
	F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
Print Name in Full						

## VEHICLE REGISTRANT INFORMATION

**IT IS IMPORTANT TO CLEARLY PRINT THE REGISTRANT'S INFORMATION EXACTLY AS IT APPEARS ON THE REGISTRATION DOCUMENT.**

Vehicle 1 is always the vehicle operated by Driver 1, Vehicle 2 is the vehicle operated by Driver 2 , and so on. If more than two vehicles are involved in a crash, use additional report forms.

**NOTE:** If the vehicle is unregistered, enter the VIN in the Accident Description/Officer's Notes section.

**Name** - print the registrant's name exactly as shown on the registration document.

**Sex** - print "F" or "M".

**Date of Birth** - print the registrant's 2-digit month, day and year

**Address** - print the registrant's address EXACTLY as it is computer printed on the registration.

**Haz. Mat Code** - a hazardous material crash is a motor vehicle crash in which one or more of the involved vehicles contains any amount of regulated hazardous materials as cargo, whether or not a release or discharge of the hazardous material occurs. Fuel spilled from the vehicle fuel tank should not be counted even though it is a hazardous material.

**Released** - print the 4-digit hazardous material placard code from the diamond/orange panel (if applicable). Also, check the box if the substance was released. (See pages 63 for further information.)

For legal reference, see Section 378 of the V&T Law.

**Plate Number** - print the registration plate number of the vehicle involved in the crash.

**NOTE:** If the vehicle involved is a police, fire or other exempt public vehicle, print "POLICE", "FIRE", or other appropriate description in this block - DO NOT ENTER THE REGISTRATION PLATE NUMBER.

For US Post Office vehicles, enter private vehicle plate number or "POSTAL" for all others.

**State of Reg.** - abbreviate the state or province where the vehicle is registered.

**Vehicle Year and Make** - enter 4-digit year and the first 5 digit of vehicle make.

**Vehicle Type** - enter one of the following abbreviations: (*For commercial vehicles, see Appendix C.*)

2 dr sedan	2DSD	Pick-up Truck	PICK
4 dr sedan	4DSD	School Bus	BUS
Sedan	SEDN	Snowmobile	SNOW
All-Terrain Vehicle	ATV*	Sport Utility Vehicle	SUBN
Convertible	CONV	Station Wagon	SUBN
Farm Vehicle	FARM	Van	VAN
Moped	MOPD	Taxi	TAXI
Motor Home	H/WH	Tow Truck	TOW
Motorcycle	MCY		

\*The letters ATV should be immediately followed by the number of wheels, for example: ATV2, ATV3, etc.

**Ins. Code** - print the 3-digit code from the NYS vehicle's Insurance Identification Card (Form FS-20 or FS-21). If there is no insurance code (for example, an out-of-state insurance company), enter the insurance company name in the Accident Description/Officer's Notes section and leave the Insurance Code Box blank. This also applies to all motor vehicles, snowmobiles and ATVs.

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (9/17)

Local Codes  
6074339999  
SPIC10006037

AMENDED REPORT

Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Accident Reconstructed <input checked="" type="checkbox"/>								

VEHICLE 1 License ID Number: 978 654 312 Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City/Town: SAN DIEGO, State: CA, Zip Code: 92199				VEHICLE 2 License ID Number: 007 321 456 Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City/Town: MILFORD, State: NY, Zip Code: 13807			
--	--	--	--	---	--	--	--

Date of Birth: 06/17/50, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 07/29/29, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>
Name: CSI FUEL, INC., Address: P.O. BOX 208, City: PLANO, State: TX, Zip: 75075	Name: (blank), Address: (blank), City: (blank), State: (blank), Zip: (blank)		

Plate Number: 54032, State of Reg: TX, Vehicle Year & Make: 2005 MACK, Vehicle Type: I2	Plate Number: (blank), State of Reg: (blank), Vehicle Year & Make: (blank), Vehicle Type: (blank)
---	---

Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
--	--	--

VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	ACCIDENT DIAGRAM 1. Rear End, 2. Sideswipe (same direction), 3. Left Turn, 4. Right Angle, 5. Right Turn, 6. Right Turn, 7. Head On, 8. Sideswipe (opposite direction)
---	---	---

VEHICLE DAMAGE CODING:  
1-13. SEE DIAGRAM ON RIGHT.  
14. UNDERCARRIAGE, 15. TRAILER, 16. OVERTURNED, 17. DEREGISTERED, 18. TOW DAMAGE, 19. OTHER

Cost of repairs to any one vehicle will be more than \$1000.  Yes  No

Reference Marker: (blank), Coordinates: (blank)

Place Where Accident Occurred:  
County: (blank), City/Village/Town: (blank)  
Road on which accident occurred: (blank) (Route Number or Street Name)  
at 1) intersecting street: (blank) (Route Number or Street Name)  
or 2) (blank) (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes:  
(blank)

	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature: (blank), Print Name in Full: (blank), Badge/ID No.: (blank), NCIC No.: (blank), Precinct/Post/Troop/Zone: (blank), Station/Beat/Sector: (blank), Reviewing Officer: (blank), Date/Time Reviewed: (blank)

USE COVER SHEET



New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (9/17)

Local Codes  
6074339999  
SPIC10006037

AMENDED REPORT

Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE 1						VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		

VEHICLE 1 - Driver License ID Number 978 654 312	State of Lic. CA	VEHICLE 2 - Driver License ID Number 007 321 456	State of Lic. NY
Driver Name - exactly as printed on license HAIGHT, W, RUSTY	Address (Include Number & Street) 3248 HOLLYWOOD BLVD	Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M	Address (Include Number & Street) 141 GREEN STREET
City or Town SAN DIEGO	State CA	City or Town MILFORD	State NY

Date of Birth Month: 06, Day: 17, Year: 50	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month: 07, Day: 29, Year: 29	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration CSI FUEL, INC.	Address (Include Number & Street) P.O. BOX 208	City or Town PLANO	State TX	Zip Code 75075	Name - exactly as printed on registration	Address (Include Number & Street)	City or Town	State	Zip Code

Plate Number 54032	State of Reg. TX	Vehicle Year & Make 2005 MACK	Vehicle Type I2	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
Ticket/Arrest Number(s) 1C1000M6SP	Violation Section(s) 1225-C2A VTL	Ticket/Arrest Number(s)	Violation Section(s)						

Check if involved vehicle is:

more than 95 inches wide;  
 more than 34 feet long;  
 operated with an overweight permit;  
 operated with an overdimension permit.

**VEHICLE 1 DAMAGE CODES**

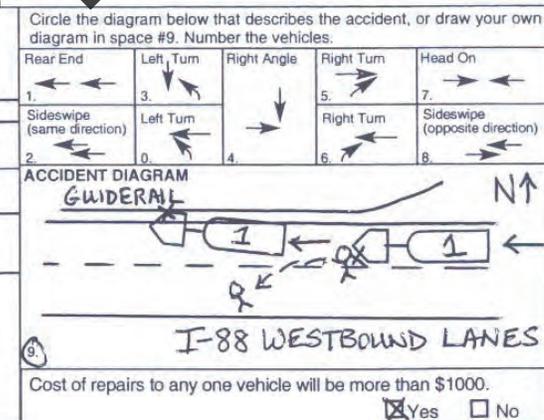
Box 1 - Point of Impact: 1, 2, 3  
 Box 2 - Most Damage: 2, 3

Enter up to three more Damage Codes: 1, 4, 5

Vehicle Towed: By BEST TOWING To BEST TOWING

**VEHICLE DAMAGE CODING:**

1-13. SEE DIAGRAM ON RIGHT.  
 14. UNDERCARRIAGE  
 15. TRAILER  
 16. OVERTURNED  
 17. REMOLISHED  
 18. NO DAMAGE  
 19. OTHER



Reference Marker

Coordinates (if available)  
 Latitude/Northing:  
 Longitude/Easting:

Place Where Accident Occurred:  
 County \_\_\_\_\_ City  Village  Town of \_\_\_\_\_  
 Road on which accident occurred \_\_\_\_\_ (Route Number or Street Name)  
 at 1) intersecting street \_\_\_\_\_ (Route Number or Street Name)  
 or 2) \_\_\_\_\_ of \_\_\_\_\_ (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's Notes

	8	9	10	11	12	13	14	15	16	17	18	BY	TO	18	Names of all involved	Date of Death Only
A																
B																
C																
D																
E																
F																

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
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## CRASH LOCATION

**Reference Marker** - For events occurring on state and interstate highways, enter the numbers from the Department of Transportation's reference marker nearest to the scene of the crash. Copy the numbers EXACTLY as shown on the reference marker, one number or letter per box. **Check to see that the numbers are not transposed or recorded out of position.** For example, in the first row of the illustration, the number "90I" is in the three blocks starting from the right of the reference marker.

	9	Ø	I
1	1	Ø	1
1	Ø	1	7

**Coordinates** - To facilitate the precise and accurate location coding of crashes in New York State, crash coordinates should be submitted in a Latitude/Longitude Decimal Degree format. Please ensure that your electronic crash reporting software is storing the correct X/Y value in the appropriate latitude or longitude field and Lat/Long values should always be stored as a number. Crash locations are used by the New York State Department of Transportation to programmatically identify High Crash Locations and target highway improvements. Accurate crash location data will help to identify and prioritize these locations to help prevent injuries and fatalities on New York State's public roadways in the future.

Decimal degrees (DD) express latitude and longitude geographic coordinates as decimal fractions and are used in many geographic information systems (GIS), web mapping applications such as OpenStreetMap, and GPS devices. Decimal degrees are an alternative to using degrees, minutes, and seconds (DMS). As with latitude and longitude, the values are bounded by  $\pm 90^\circ$  and  $\pm 180^\circ$  respectively.

Positive latitudes are north of the equator, negative latitudes are south of the equator. Positive longitudes are east of Prime Meridian, negative longitudes are west of the Prime Meridian. Latitude and longitude are usually expressed in that sequence, latitude before longitude.

Example Lat/Long Coordinates  
(the location of the United States Capitol) is  
 $38.8897^\circ, -77.0089^\circ$

**NOTE:** If there are any questions, please contact the Office of Traffic Safety and Mobility at the New York State Department of Transportation at:

Office of Traffic Safety and Mobility  
Safety Program Management and Coordination Bureau  
50 Wolf Rd, Albany, NY 12232  
Ph. (518) 457-0271

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT

MV-104A (9/17)

Local Codes  
6074339999

SPIC1000037  AMENDED REPORT

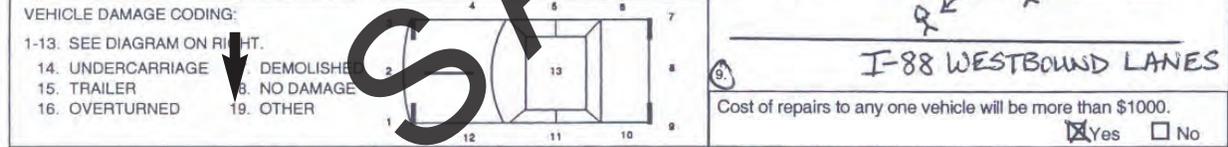
Accident Date Month 05 Day 25 Year 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE 1						VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		

VEHICLE 1 - Driver License ID Number 978 654 312	State of Lic. CA	VEHICLE 2 - Driver License ID Number 007 321 456	State of Lic. NY
Driver Name - exactly as printed on license HAIGHT, W, RUSTY		Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M	
Address (Include Number & Street) 3248 HOLLYWOOD BLVD	Apt. No.	Address (Include Number & Street) 141 GREEN STREET	Apt. No.
City or Town SAN DIEGO	State CA	City or Town MILFORD	State NY
Zip Code 92199		Zip Code 13807	

Date of Birth Month 06 Day 17 Year 50	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month 07 Day 29 Year 89	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration CSI FUEL, INC.					Name - exactly as printed on registration				
Address (Include Number & Street) P.O. BOX 208					Address (Include Number & Street)				
City or Town PLANO					City or Town				
State TX					State				
Zip Code 75075					Zip Code				

Plate Number 54032	State of Reg. TX	Vehicle Year & Make 2005 MACK	Vehicle Type I2	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
Ticket/Arrest Number(s) 1C1000M6SP					Ticket/Arrest Number(s)				
Violation Section(s) 1225-C2A VTL					Violation Section(s)				

Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Use the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On Sideswipe (same direction) Left Turn Right Turn Sideswipe (opposite direction)
<b>VEHICLE 1 DAMAGE CODES</b> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: BEST TOWING TO BEST TOWING	<b>VEHICLE 2 DAMAGE CODES</b> Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed:	<b>ACCIDENT DIAGRAM</b> GUDERMI I-88 WESTBOUND LANES Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Reference Marker 88 I	Coordinates (if available) Latitude/Northing: 496489	Place Where Accident Occurred: County _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of _____ Road on which accident occurred _____ (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ (Milepost, Nearest intersecting Route Number or Street Name) Feet Miles
94 06	Longitude/Easting: 4699951	
20 37		

Accident Description/Officer's Notes

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A														
B														
C														
D														
E														
F														

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post/Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
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**PLACE WHERE ACCIDENT OCCURRED**

**MV-104A** - enter the **county** where the crash occurred (for example, Albany County is ALBA, Chautauqua County is CHAU, etc.) and write the name of the **city, village or town**.

**MV-104AN (NYC)** - identify the **borough** in which the crash occurred by checking one of the boxes (Bronx, Kings, New York, Queens, Richmond).

**Place Where Accident Occurred:**  BRONX  KINGS  NEW YORK  QUEENS  RICHMOND

Road on which accident occurred \_\_\_\_\_  
(Route Number or Street Name)

at 1) intersecting street \_\_\_\_\_  
(Route Number or Street Name)

or 2) \_\_\_\_\_  N  S  
 E  W of \_\_\_\_\_  
Feet Miles (Milepost, Nearest Intersecting Route Number or Street Name)

**Crash Location** - if a state route is also a local road (for example, State Route 5/Central Ave.), enter only the state route (for example, SR5, not Central Ave.). If the crash was at an intersection, or in your judgment, intersection related, enter the name of the intersecting street.

- If the crash occurred on a road within 33 feet of an intersecting street, enter the route number or street name of the intersecting street; **or**
- If the crash occurred more than 33 feet from an intersecting street, enter the distance in feet or miles, and the direction of the crash from the nearest intersecting highway or street. The information in this box is essential for effective centralized site location coding. Area landmarks may be included in investigation notes for local agency use.

The following are abbreviations for describing the roadway.

City Street	CS	State Route/Highway	SR
County Road	CR	Town Road	TR
Interstate Highway	I	Village Road	VR

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104A (9/17)

Local Codes  
 6074339999  
 SPIC10006037

AMENDED REPORT

Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE 1			<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN						
License ID Number 978 654 312	State of Lic. CA	Driver Name - exactly as printed on license HAIGHT, W, RUSTY	Address (Include Number & Street) 3248 HOLLYWOOD BLVD	Apt. No.	License ID Number 007 321 456	State of Lic. NY	Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M	Address (Include Number & Street) 141 GREEN STREET	Apt. No.
Date of Birth Month: 06, Day: 17, Year: 50	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month: 07, Day: 29, Year: 29	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration CSI FUEL, INC.	Sex -	Date of Birth Month: -, Day: -, Year: -	Apt. No.	Haz. Mat. Code 203	Released <input type="checkbox"/>	Name - exactly as printed on registration	Sex	Date of Birth Month: -, Day: -, Year: -	Released <input type="checkbox"/>
Address (Include Number & Street) P.O. BOX 208	Apt. No.	City or Town PLANO	State TX	Zip Code 75075	Address (Include Number & Street)	Apt. No.	City or Town MILFORD	State NY	Zip Code 13807
Plate Number 54032	State of Reg. TX	Vehicle Year & Make 2005 MACK	Vehicle Type I2	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
Ticket/Arrest Number(s) 1C1000M6SP	Violation Section(s) 1225-C2A VTL	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.							
VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			
Box 1 - Point of Impact 2	Box 2 - Most Damage 3	Box 1 - Point of Impact 1	Box 2 - Most Damage 2	ACCIDENT DIAGRAM GUIDERAIL 					
Enter up to three more Damage Codes 1, 4, 5	Enter up to three more Damage Codes 4, 5	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Vehicle Towed: By BEST TOWING To BEST TOWING	Vehicle Towed: By	Place Where Accident Occurred: County OTSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ONEONTA Road on which accident occurred I-88 (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 0.2 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of EXIT 15 (Milepost, Nearest Intersecting Route Number or Street Name)							
Reference Marker: 88 I, 94 06, 2037 Coordinates (if available): Latitude/Northing: 496489 Longitude/Easting: 4699951									
Accident Description/Officer's Notes									

SAMPLE

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
	A	B	C	D	E	F									

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
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## ACCIDENT DESCRIPTION/OFFICER'S NOTES

Include information about the crash which cannot be entered or coded in the other sections of the report.

For example:

- any name or address changes or inconsistencies with the computer printed license and registration information, such as a married name which differs from the computer printed name.
- information concerning anyone whose actions apparently contributed to a crash, but who was not directly involved in the collision.
- registration information for a trailer when the crash involves a tractor-trailer or a combination vehicle (information on the hauling vehicle should be in the registration area of the report).
- information on tandem trailers: owner, registration, plate numbers and type of vehicle code for each trailer (see Appendix C).
- names and addresses of witnesses. (Witness information is entered on the reverse side of the MV-104AN.)
- names and addresses of people who have had property, other than a vehicle, damaged as a result of the crash.
- an explanation of any code listed with an asterisk (\*) (for example, **#20 Other\*** under Pre-Accident Vehicle Action, for margin box 3, or **#4 Driver Inattention/Distract\*** under Apparent Contributing Factors (Human), for Box 19).
- indicate if driver was issued a dead deer/bear possession permit and the permit number.
- out of state insurance information - company name and address.

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104A (9/17)

Local Codes  
 6074339999  
 SPIC10000037

AMENDED REPORT

Accident Date Month 05 Day 25 Year 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VEHICLE 1						<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input checked="" type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN		

VEHICLE 1 - Driver License ID Number 978 654 312	State of Lic. CA	VEHICLE 2 - Driver License ID Number 007 321 456	State of Lic. NY
Driver Name - exactly as printed on license HAIGHT, W, RUSTY	Address (Include Number & Street) 3248 HOLLYWOOD BLVD	City or Town SAN DIEGO	State CA
Driver Name - exactly as printed on license GALACIEWICZ, EUGENE, M	Address (Include Number & Street) 141 GREEN STREET	City or Town MILFORD	State NY

Date of Birth Month 06 Day 17 Year 50	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input checked="" type="checkbox"/>	Date of Birth Month 07 Day 29 Year 29	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants -	Public Property Damaged <input type="checkbox"/>
Name - exactly as printed on registration CSI FUEL, INC.	Address (Include Number & Street) P.O. BOX 208	City or Town PLANO	State TX	Zip Code 75075	Name - exactly as printed on registration	Address (Include Number & Street)	City or Town	State	Zip Code

Plate Number 54032	State of Reg. TX	Vehicle Year & Make 2005 MACK	Vehicle Type I 2	Ins. Code	Plate Number	State of Reg.	Vehicle Year & Make	Vehicle Type	Ins. Code
Ticket/Arrest Number(s) 1C1000M6SP	Violation Section(s) 1225 - C2A VTL	Ticket/Arrest Number(s)	Violation Section(s)						

Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
<b>VEHICLE 1 DAMAGE CODES</b> Box 1 - Point of Impact: 2 3 Box 2 - Most Damage: 1 4	<b>VEHICLE 2 DAMAGE CODES</b> Box 1 - Point of Impact: 2 Box 2 - Most Damage: 2	ACCIDENT DIAGRAM GUIDELINES 
Vehicle Towed By: BEST TOWING Towed To: BEST TOWING	Vehicle Towed By: _____ Towed To: _____	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Reference Marker 88 I	Coordinates (if available) Latitude/Northing: 496489 Longitude/Easting: 4699951	Place Where Accident Occurred: County OTSE <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ONEONTA Road on which accident occurred I-88 at 1) intersecting street _____ (Route Number or Street Name) or 2) 0.2 ON OS of EXIT 15 (Milepost, Nearest intersecting Route Number or Street Name)
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Accident Description/Officer's Notes: V-1 WAS WESTBOUND ON I-88 IN RIGHT-HAND DRIVING LANE. PED WAS WALKING WESTBOUND IN SAME LANE AND STRUCK BY V-1. PED CAME TO REST IN PASSING LANE. DPV-1 SWERVES RIGHT TO AVOID PED AND STRUCK GUIDERAIL OFF NORTH SHOULDER. DPV-1 ADMITTED TALKING ON CELL PHONE. V-1 TRAILER - 1999 TRAILITE TANKER, ME REG 135222 V-1 INS CO. - OMAHA MUTUAL - OMAHA, NE 68113, RECONSTRUCTION BY SGT DS BATES. NYS DOT NOTIFIED

ALL INVOLVED	A	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
	B															
	C															
	D															
	E															
	F															

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
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## "ALL INVOLVED" DATA (BOTTOM OF REPORT)

**NOTE:** "X" means "unknown" and a dash (-) means "does not apply".

Information on **all persons involved** in a motor vehicle crash (regardless of the type of vehicle), must be entered in Columns 8 - 13. "ALL INVOLVED" includes drivers, passengers, pedestrians, bicyclists and anyone in or on a motor vehicle, at the time of the crash, **regardless of whether or not the person was injured.**

- Enter information for the total number of people entered in the "NUMBER OF OCCUPANTS" box(es) in the driver information blocks.
- Use one line (A-F) for each person, and only **one** code per box, in Columns 8 - 13.
- Use an additional report form for crashes involving more than six people.

The "ALL INVOLVED" section, Columns 8-13, illustrates an example of a motor vehicle with four occupants that have struck a pedestrian. Lines A-E have been completed for each person involved in the crash.



## COLUMN 8 - WHICH VEHICLE OCCUPIED

- Starting with the driver of Vehicle 1 on Line A, identify **ALL** of the other passengers on the next available lines (Lines B, C, D,...)
- After listing all occupants in Vehicle 1, list the driver of Vehicle 2 and any other passengers on the next available lines.
- Then, if additional vehicles are involved, write "3", "4", etc. on the next available lines.

Enter any non-occupant status as follows:

- A - ATV rider
- B - Bicyclist
- P - Pedestrian
- S - Snowmobiler
- O - Other\* (You must explain in the ACCIDENT DESCRIPTION/OFFICER'S NOTES section what type of conveyance the person was using, such as a motorized scooter, motorized wheelchair, etc.)

## COLUMN 9 - POSITION IN/ON VEHICLE

Indicate the position of each person involved in, or riding on, the vehicle by entering one of the following codes:

- 1 - Driver
  - 2 - Middle front seat, or passenger lying across a seat
  - 3 - Front passenger, if two or more persons, including the driver, are in the front seat
  - 4 - Left rear passenger; or rear passenger on a bicycle, motorcycle, snowmobile
  - 5 - Middle rear seat, or passenger lying across a seat
  - 6 - Right rear passenger or motorcycle sidecar passenger
  - 7 - Any person in the rear of a station wagon, pick-up truck; all passengers on a bus, etc.
  - 8 - Riding/Hanging Outside
- If one person is seated on another person's lap, enter a "9" for seating position.
  - For pedestrians, enter a dash (-) for "does not apply".
  - For bicyclist, enter "1" or "4" for the seating position. DO NOT LEAVE BLANK.

**Example:** If a "1" is entered on Line A in Column 8, indicating that this person was in Vehicle 1, enter a "1" in Column 9 to show that this person was in the driver's seat.

If a "1" is entered on Line B in Column 8, indicating that this person was a passenger in Vehicle 1, and if the person was seated in the right passenger position, enter a "3" in Column 9.

If a "2" is entered on Line C in Column 8, indicating that this person was in Vehicle 2, enter a "1" in Column 9 to show that this person was in the driver's seat.

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT MV-104COV (7/18)**

\*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
If an answer is UNKNOWN, enter an "X".

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
1. Crossing, With Signal  
2. Crossing, Against Signal  
3. Crossing, No Signal, Marked Crosswalk  
4. Crossing, No Signal or Crosswalk  
5. Riding/Walking/Skating Along Highway With Traffic  
6. Riding/Walking/Skating Along Highway Against Traffic  
7. Emerging from in Front of/ Behind Parked Vehicle  
8. Going to/From Stopped School Bus  
9. Getting On/Off Vehicle Other Than School Bus  
10. Working in Roadway  
11. Playing in Roadway  
12. Other Actions in Roadway\*  
13. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
1. None  
2. Traffic Signal  
3. Stop Sign  
4. Flashing Light  
5. Yield Sign  
6. Officer/Guard  
7. No Passing Zone  
8. RR Crossing Sign  
9. RR Crossing Flashing Light  
10. RR Crossing Gates  
11. Stopped School Bus- Red Lights Flashing  
12. Construction Work Area  
13. Maintenance Work Area  
14. Utility Work Area  
15. Police/Fire Emergency  
16. School Zone  
20. Other\*

**LIGHT CONDITIONS**  
1. Daylight  
2. Dawn  
3. Dusk  
4. Dark-Road Lighted  
5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
1. Straight and Level  
2. Straight and Grade  
3. Straight at Hillcrest  
4. Curve and Level  
5. Curve and Grade  
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
1. Dry  
2. Wet  
3. Muddy  
4. Snow/Ice  
5. Slush  
6. Flooded  
0. Other\*

**WEATHER**  
1. Clear  
2. Cloudy  
3. Rain  
4. Snow  
5. Sleet/Hail/Freezing Rain  
6. Fog/Smog/Smoke  
0. Other\*

**WHICH VEHICLE OCCUPIED**  
1. Vehicle No. 1  
2. Vehicle No. 2  
A. All-Terrain Vehicle (ATV)  
B. Bicyclist  
C. In-Line Skater  
D. Other\*  
E. Pedestrian  
F. Scooter/Moped

**POSITION IN/ON VEHICLE**  
1. Driver  
2-7. Passengers  
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
1. None  
2. Lap Belt  
3. Harness  
4. Lap Belt/Harness  
5. Child Restraint Only  
6. Helmet (Motorcycle Only)  
7. Air Bag Deployed  
8. Air Bag Deployed/Lap Belt  
9. Air Bag Deployed/Harness  
A. Air Bag Deployed/Lap Belt/Harness  
B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
C. Helmet Only  
D. Helmet/Other  
E. Pads Only  
F. Stoppers Only  
0. Other\*

**EJECTION FROM VEHICLE**  
1. Not Ejected  
2. Partially Ejected  
3. Ejected

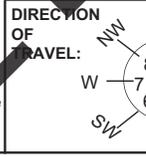
**AGE** **SEX**  
M/F

**APPARENT CONTRIBUTING FACTORS**

**Human**  
2. Alcohol Involvement  
3. Backing Unsafely  
4. Driver Inattention/Distracted\*  
5. Driver Inexperience\*  
6. Drugs (Illegal)  
7. Failure to Yield Right-of-Way  
8. Fell Asleep  
9. Following Too Closely  
10. Illness  
11. Lost Consciousness  
12. Passenger Distraction  
13. Passing or Lane Usage Improper  
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
15. Physical Disability  
16. Prescription Medication  
17. Traffic Control Disregarded  
18. Turning Improperly  
19. Unsafe Speed  
20. Unsafe Lane Changing  
21. Fatigued/Drowsy  
22. Cell Phone (hand-held)  
23. Cell Phone (hands-free)  
24. Other Electronic Device\*  
25. Outside Car Distraction\*  
26. Reaction to Uninvolved Vehicle  
27. Failure to Keep Right  
28. Aggressive Driving/Road Rage\*  
29. Passing Too Closely  
30. Vehicle Vandalism  
31. Texting  
32. Using On Board Navigation Device  
33. Eating or Drinking  
34. Listening/Using Headphones

**Vehicular**  
41. Accelerator Defective  
42. Brakes Defective  
43. Headlights Defective  
44. Other Lighting Defects  
45. Oversized Vehicle  
46. Steering Failure  
47. Tire Failure/Inadequate  
48. Tow Hitch Defective  
49. Windshield Inadequate  
50. Driverless/Runaway Vehicle  
51. Tinted Windows  
60. Other Vehicular\*

**Environmental**  
61. Animal's Action  
62. Glare  
63. Lane Marking Improper/ Inadequate  
64. Obstruction/Debris  
65. Pavement Defective  
66. Pavement Slippery  
67. Shoulders Defective/ Improper  
68. Traffic Control Device Improper/Non-Working  
69. View Obstructed/Limited

**DIRECTION OF TRAVEL:**  


**PRE-ACCIDENT VEHICLE ACTION**  
1. Going Straight Ahead  
2. Making Right Turn  
3. Making Right Turn on Red  
4. Making Left Turn  
5. Making Left Turn on Red  
6. Making U Turn  
7. Starting from Parking  
8. Starting in Traffic  
9. Stopping or Stopped  
10. Stopped in Traffic  
11. Entering Parked Position  
12. Parked  
13. Avoiding Object in Roadway  
14. Changing Lanes

**LOCATION OF FIRST EVENT**  
1. On Roadway  
2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
1. Other Motor Vehicle  
2. Pedestrian  
3. Bicyclist  
4. Animal  
5. Railroad Train  
7. Deer  
8. Other pedestrian  
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
11. Light Support/Utility Pole  
12. Guide Rail-Not At End  
13. Guide Rail-End  
14. Crash Cushion  
15. Sign Post  
16. Tree  
17. Building/Wall  
18. Curbing  
19. Fence  
20. Bridge Structure  
21. Culvert/Head Wall  
22. Median-Not At End  
23. Median-End  
24. Barrier  
25. Snow Embankment  
26. Earth Embankment/Rock Cut/Ditch  
27. Fire Hydrant  
30. Other Fixed Object\*

**NO COLLISION**  
31. Overturned  
32. Fire/Explosion  
33. Submersion  
34. Ran Off Roadway Only  
40. Other\*

ALL INVOLVED	Names of all involved																Date of Death Only	
	8	9	10	11	12	13	14	15	16	17	BY	TO	18					
A	1	1																
B	1	3																
C	P	-																
D																		
E																		
F																		

Officer's Rank and Signature: \_\_\_\_\_  
 Print Name in Full: \_\_\_\_\_  
 Badge/ID No. \_\_\_\_\_ NCIC No. \_\_\_\_\_ Precinct/Post \_\_\_\_\_ Station/Beat/ Troop/Zone \_\_\_\_\_  
 Reviewing Officer: \_\_\_\_\_ Date/Time Reviewed: \_\_\_\_\_

## COLUMN 10 - SAFETY EQUIPMENT USED

Identify the safety equipment used by each person in each involved vehicle:

- 1 - None (person not using any safety equipment)
- 2 - Lap (Seat) Belt Used
- 3 - Harness (Shoulder) Belt Used
- 4 - Both Harness and Lap Belts Used
- 5 - Child Restraint Only Used
- 6 - Helmet Used (Motorcycle, ATVs and Snowmobiles Only)
- 7 - Air Bag Deployed
- 8 - Air Bag Deployed/Lap Belt
- A - Air Bag Deployed Harness
- B - Air Bag Deployed/Lap Belt/Harness

Bicyclist:

- C - Helmet Only
- D - Helmet/Other

- If entering "Ø" (zero) for "Other\*", give a brief description in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- For pedestrians/other pedestrian, enter a dash (-) for "does not apply".

**NOTE:** If it is not possible to confidently determine whether safety equipment was actually used, enter "X" to indicate "unknown". DO NOT LEAVE BLANK.

## COLUMN 11 - EJECTION FROM VEHICLE

**NOTE:** For pedestrians, enter a dash (-) for "does not apply".

- 1 - If the driver and passenger in the same vehicle were not ejected, enter a "1" for both individuals.
- 2 - If an occupant's body protruded from a vehicle, enter a "2" for "Partially Ejected".
- 3 - If the driver was completely ejected from the vehicle, enter a "3".

## COLUMN 12 - AGE

Write the current age, in years, of each person as of the date of the crash. (For infants who are born and live only for a short time with less than 1 yr. of age, enter "Ø" (zero).

**NOTE:** If a child is 'stillborn', it is NOT considered a fatality in the crash.

## COLUMN 13 - SEX

Enter "M" or "F".

**New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104COV (7/18)**

\*EXPLAIN IN ACCIDENT DESCRIPTION  
If a question DOES NOT APPLY, enter a dash (-).  
If an answer is UNKNOWN, enter an "X".

**APPARENT CONTRIBUTING FACTORS**

<p><b>Human</b></p> <ol style="list-style-type: none"> <li>2. Alcohol Involvement</li> <li>3. Backing Unsafely</li> <li>4. Driver Inattention/Distracted*</li> <li>5. Driver Inexperience*</li> <li>6. Drugs (Illegal)</li> <li>7. Failure to Yield Right-of-Way</li> <li>8. Fell Asleep</li> <li>9. Following Too Closely</li> <li>10. Illness</li> <li>11. Lost Consciousness</li> <li>12. Passenger Distraction</li> <li>13. Passing or Lane Usage Improper</li> <li>14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion</li> <li>15. Physical Disability</li> <li>16. Prescription Medication</li> <li>17. Traffic Control Disregarded</li> <li>18. Turning Improperly</li> <li>19. Unsafe Speed</li> <li>20. Unsafe Lane Changing</li> <li>21. Fatigued/Drowsy</li> <li>22. Cell Phone (hand-held)</li> <li>23. Cell Phone (hands-free)</li> <li>24. Other Electronic Device*</li> <li>25. Outside Car Distraction*</li> <li>26. Reaction to Uninvolved Vehicle</li> <li>27. Failure to Step Right</li> <li>28. Aggressive Driving/Road Rage*</li> <li>29. Passing Too Closely</li> <li>30. Vehicle Vandalism</li> <li>31. Using On Board Navigation Device</li> <li>32. Eating or Drinking While Driving</li> <li>33. Listening to Music/Using Headphones</li> </ol>	<p><b>Vehicular</b></p> <ol style="list-style-type: none"> <li>41. Accelerator Defective</li> <li>42. Brakes Defective</li> <li>43. Headlights Defective</li> <li>44. Other Lighting Defects</li> <li>45. Oversized Vehicle</li> <li>46. Steering Failure</li> <li>47. Tire Failure/Inadequate</li> <li>48. Tow Hitch Defective</li> <li>49. Windshield Inadequate</li> <li>50. Driverless/Runaway Vehicle</li> <li>51. Tinted Windows</li> <li>60. Other Vehicular*</li> </ol> <p><b>Environmental</b></p> <ol style="list-style-type: none"> <li>61. Animal's Action</li> <li>62. Glare</li> <li>63. Lane Marking Improper/Inadequate</li> <li>64. Obstruction/Debris</li> <li>65. Pavement Defective</li> <li>66. Pavement Slippery</li> <li>67. Shoulders Defective/Improper</li> <li>68. Traffic Control Device Improper/Non-Working</li> <li>69. View Obstructed/Limited</li> </ol>
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**PRE-ACCIDENT VEHICLE ACTION**

1. Going Straight Ahead
2. Making Right Turn
3. Making Left Turn
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
16. Police Pursuit
20. Other \*

**LOCATION OF FIRST EVENT**

1. On Roadway
2. Off Roadway

**TYPE OF ACCIDENT - COLLISION WITH**

1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
7. Deer
8. Other pedestrian
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**

11. Light Support/Utility Pole
12. Guide Rail-Not At End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
22. Median-End
23. Barrier
24. Snow Embankment
25. Earth Embankment/Rock Cut/Ditch
26. Fire Hydrant
30. Other Fixed Object\*

**NO COLLISION**

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other\*

**TYPE OF PHYSICAL COMPLAINT**

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Distorted - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain or Nausea
13. None Visible
14. Whiplash
15. Crush Injuries
16. Paralysis
17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

**INJURED TAKEN**

17 BY \_\_\_\_\_ TO 18 \_\_\_\_\_

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
	A	1	1	4	1	55	M								
	B	1	3	4	1	52	M								
	C	P	-	-	-	76	M								
	D														
	E														
	F														

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
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## COLUMNS 14-16 - INJURED/KILLED PERSONS DATA

- The investigating officer is responsible only for determining the injuries at the crash scene. A medical diagnosis of an injury is not necessary.
- If an involved person is not injured, enter dashes (-), in Columns 14 - 16.
- If injuries cannot be determined, enter "X" for "unknown".

## LOCATION OF MOST SEVERE PHYSICAL COMPLAINT (COLUMN 14); FOR INJURED PERSONS ONLY

Enter only one code for the part of the body that is most severely injured, even when a person has numerous injuries.

- |                |                          |
|----------------|--------------------------|
| 1 - head       | 7 - shoulder-upper arm   |
| 2 - face       | 8 - elbow-lower arm-hand |
| 3 - eye        | 9 - abdomen-pelvis       |
| 4 - neck       | 10 - hip-upper leg       |
| 5 - chest      | 11 - knee-lower leg-foot |
| 6 - back/spine | 12 - entire body         |

## COLUMN 15 - TYPE OF PHYSICAL COMPLAINT; FOR INJURED PERSONS ONLY

Enter only one code that describes the type of most severe physical injury sustained.

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| 1 - Amputation                        | 10 - Contusion - Bruise          |
| 2 - Concussion                        | 11 - Abrasion                    |
| 3 - Internal                          | 12 - Complaint of Pain or Nausea |
| 4 - Minor Bleeding                    | 13 - None Visible                |
| 5 - Severe Bleeding                   | 14 - Whiplash                    |
| 6 - Minor Burn                        | 15 - Crush Injuries              |
| 7 - Moderate Burn                     | 16 - Paralysis                   |
| 8 - Severe Burn                       | 17 - Severe Lacerations          |
| 9 - Fracture - Distorted - Dislocated |                                  |

## COLUMN 16 - VICTIM'S PHYSICAL AND EMOTIONAL STATUS; FOR INJURED PERSONS ONLY

Enter only one code that describes the overall condition of each injured person.

A victim's status is defined as follows:

- 1 - Dead at the scene.
- 2 - Unconscious - victim unaware of surroundings and does not respond to stimuli, verbal or physical.
- 3 - Semiconscious - victim not fully aware of surroundings.
- 4 - Incoherent - victim lacks orderly continuity of thought.
- 5 - Shock - depressed conditions of all body functions, resulting from serious injury or the incident.
- 6 - Conscious - normal and aware of surroundings.

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing Flashing Light  
 10. RR Crossing Gates  
 11. Stopped School Bus- Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1 A. All-Terrain Vehicle (ATV) O. Other\*  
 2. Vehicle No. 2 B. Bicyclist P. Pedestrian  
 L. In-Line Skater S. Snowmobiler

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

**AGE** **SEX**  
 M/F

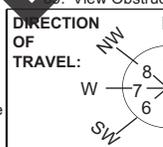
**TYPE OF PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Elbow-Lower Arm-Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**INJURED TAKEN**  
 17 BY TO 18

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Car Distraction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage\*  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Eating/Drinking  
 32. Listening Using Headphones  
**Vehicular**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited

**DIRECTION OF TRAVEL:**  


**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Left Turn  
 4. Making U Turn  
 5. Starting from Parking  
 6. Starting in Traffic  
 7. Slowing or Stopping  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*  
**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6						
B	1	3	4	1	52	M	-	-	-						
C	P	-	-	-	76	M	12	3	1						
D															
E															
F															

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 \_\_\_\_\_

### INJURED TAKEN BY (COLUMN 17)

Complete this column only if the injured person was taken directly from the scene of the crash to a medical facility/provider or to a morgue.

- If the vehicle is registered as a New York State ambulance, enter the plate number.
- If the vehicle is not a registered New York State ambulance, enter one of the following codes:

9992 - Helicopter  
9993 - Out-of-state ambulance  
9994 - Coroner's van or municipal emergency equipment  
9995 - Private vehicle  
9996 - Invalid coach (hearse or vehicle that does not provide emergency health care)  
9997 - Fire vehicle  
9998 - Police car  
9999 - Police ambulance

### INJURED TAKEN TO (COLUMN 18)

- Enter the 4-digit hospital code for the New York State hospital where the injured person is taken. These codes, as well as hospital codes for surrounding states, are listed on the back cover of each set of accident report forms.
- If a victim is taken directly to a hospital morgue, enter the code for the hospital in which the morgue is located.
- Enter a dash (-) if the victim is taken to a facility other than a hospital morgue.

### NAMES OF ALL INVOLVED; IF DECEASED, ALSO INCLUDE DATE OF DEATH

**NOTE:** The coroner of the county in which the death occurred must be advised of all fatalities by the police agency investigating the crash.

- Enter the last name, first named and middle initials of any person in the crash, on the line next to their data.
- Fatal Crash - enter the DATE OF DEATH after the name of any person fatally injured.
  - ▶ The definition of a fatality is a death that occurs to a person because of injuries sustained in a crash. To be considered a fatal crash, the death must occur within thirty (30) 24-hour time periods from the time of the crash.

**New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104COV (7/18)**

\*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
If an answer is UNKNOWN, enter an "X".

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/ OTHER PEDESTRIAN ACTION**

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/ Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway\*
14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**

1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing
10. RR Crossing Gates
11. Stopped School Bus- Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. School Zone
20. Other\*

**LIGHT CONDITIONS**

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

**ROADWAY CHARACTER**

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**

1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other\*

**WEATHER**

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other\*

**WHICH VEHICLE OCCUPIED**

1. Vehicle No. 1
2. Vehicle No. 2
- A. All-Terrain Vehicle
- B. Bicyclist
- C. In-Line Skater
- O. Other\*
- P. Pedestrian
- S. Snowmobile

**POSITION IN/ON VEHICLE**

1. Driver
- 2-7. Passengers
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

**In-Line Skater/ Bicyclist**

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other\*

**EJECTION FROM VEHICLE**

1. Not Ejected
2. Partially Ejected
3. Ejected

**AGE**      **SEX**  
M/F

**APPARENT CONTRIBUTING FACTORS**

**Human**

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted\*
5. Driver Inexperience\*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
21. Fatigued/Drowsy
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device
25. Outside Car Distraction\*
26. Reaction to Uninvolved Vehicle
27. Failure to Keep Right
28. Aggressive Driving/Road Rage\*
29. Passing Too Closely
30. Vehicle Vandalism
31. Texting
32. Use of On Board Navigation Device
33. Eating or Drinking
34. Listening/Using Headphones

**Vehicular**

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
51. Tinted Windows
60. Other Vehicular\*

**Environmental**

61. Animal's Action
62. Glare
63. Lane Marking Improper/ Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulders Defective/ Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

**DIRECTION OF TRAVEL:**

**PRE-ACCIDENT VEHICLE ACTION**

1. Going Straight Ahead
2. Making Right Turn
3. Making Right Turn on Red
4. Making Left Turn
5. Making Left Turn on Red
4. Making U Turn
5. Starting from Parking
6. Starting in Traffic
7. Slowing or Stopping
8. Stopped in Traffic
9. Entering Parked Position
10. Parked
11. Avoiding Object in Roadway
12. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other\*

**LOCATION OF FIRST EVENT**

1. On Roadway
2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**

1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
7. Deer
8. Other pedestrian
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object\*

**NO COLLISION**

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other\*

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved		Date of Death Only
	A	1	1	4	1	55	M	11	12	6	-	-	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	-	-	MUIR, BRADLEY, A		
C	P	-	-	-	76	M	12	3	1	9994	3801			GALACIEWICZ, EUGENE, M		05/25/06
D																
E																
F																

Officer's Rank and Signature: \_\_\_\_\_  
 Print Name in Full: \_\_\_\_\_  
 Badge/ID No.: \_\_\_\_\_ NCIC No.: \_\_\_\_\_ Precinct/Post: \_\_\_\_\_ Station/Beat/Sector: \_\_\_\_\_  
 Reviewing Officer: \_\_\_\_\_ Date/Time Reviewed: \_\_\_\_\_

## ENTRIES REQUIRED FOR BOXES 1 - 7 (LEFT SIDE)

The MV-104A and MV-104AN accident report forms have seven boxes in the left margin, numbered 1 - 7. Fill in each box with the proper entry, as determined from codes listed on the cover sheet.

### BOX 1 - PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

- If no Pedestrian, Bicyclist or Other Pedestrian was involved, enter a dash (-) in Box 1 and Box 2.
- Enter one of the following codes to indicate whether or not the Pedestrian, Bicyclist or Other Pedestrian was at an intersection:
  - 1 - Pedestrian, Bicyclist or Other Pedestrian at Intersection
  - 2 - Pedestrian, Bicyclist or Other Pedestrian Not at Intersection
- If a "1" is entered, you must indicate the location of the intersection where the crash occurred.
- If "1" or "2" is entered, you must complete Box 2.

### BOX 2 - PEDESTRIAN/ BICYCLIST/OTHER PEDESTRIAN ACTION

Enter one of the following codes for the action of the first Pedestrian, Bicyclist or Other Pedestrian:

- 1 - Crossing, With Signal
- 2 - Crossing, Against Signal
- 3 - Crossing, No Signal, Marked Crosswalk
- 4 - Crossing, No Signal or Crosswalk
- 5 - Riding/Walking/Skating Along Highway with Traffic
- 6 - Riding/Walking/Skating Along Highway Against Traffic
- 7 - Emerging from in Front of/Behind Parked Vehicle
- 8 - Going to/from Stopped School Bus
- 9 - Getting On/Off Vehicle Other than School Bus
- 11 - Working in Roadway
- 12 - Paying in Roadway
- 13 - Other Actions in Roadway\*
- 14 - Not in Roadway (indicate)\*

- Explain the second Pedestrian's, Bicyclist's or Other Pedestrian's action, in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- If no Pedestrian, Bicyclist or Other Pedestrian was involved, enter a dash (-).

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/ OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 10. Working in Roadway  
 11. Playing in Roadway  
 12. Other Actions in Roadway\*  
 13. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing  
 10. Flashing Light  
 11. RR Crossing Gates  
 12. Stopped School Bus-Red Lights Flashing  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT**  
 MV-104COV (7/18)  
 \*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
 If an answer is UNKNOWN, enter an "X".

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV)  
 B. Bicyclist  
 I. In-Line Skater  
 O. Other\*  
 P. Pedestrian  
 S. Snowmobile

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

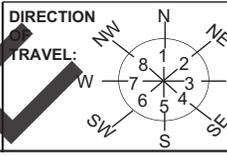
**AGE**      **SEX**  
 M/F

**LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Shoulder-Lower Arm-Hand  
 9. Wrist/Hand  
 10. Hip/Upper Leg  
 11. Knee/Lower Leg-Foot  
 12. Entire Body

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Car Distraction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage\*  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Eating or Drinking  
 34. Listening/Using Headphones  
**Vehicular**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited



**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Left Turn  
 4. Making Left Turn on Red  
 5. Making U Turn  
 6. Starting from Parking  
 7. Starting in Traffic  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*  
**NO COLLISION**  
 31. Overtaken  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

**INJURED TAKEN**  
 17 BY TO 18

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17	18	BY	TO
A	1	1	4	1	55	M	11	12	6	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801	GALACIEWICZ, EUGENE, M 05/25/06	
D													
E													
F													

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 \_\_\_\_\_

### **BOX 3 - TRAFFIC CONTROL**

**NOTE:** “X’ is not an acceptable entry.

Identify the traffic control at the crash scene, by entering one of the following codes:

- |                                |   |
|--------------------------------|---|
| 1 - None                       | 10 - RR Crossing Gates                        |
| 2 - Traffic Signal             | 11 - Stopped School Bus - Red Lights Flashing |
| 3 - Stop Sign                  | 12 - Construction Work Area                   |
| 4 - Flashing Light             | 13 - Maintenance Work Area                    |
| 5 - Yield Sign                 | 14 - Utility Work Area                        |
| 6 - Officer/Guard              | 15 - Police/Fire Emergency                    |
| 7 - No Passing Zone            | 16 - School Zone                              |
| 8 - RR Crossing Sign           | 20 - Other*                                   |
| 9 - RR Crossing Flashing Light |   |

### **BOX 4 - LIGHT CONDITIONS**

Identify the light condition at the crash scene, by entering one of the following codes:

- 1 - Daylight
- 2 - Dawn
- 3 - Dusk
- 4 - Dark-Road Lighted
- 5 - Dark-Road Unlighted

**New York State  
Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104COV (7/18)**

\*EXPLAIN IN ACCIDENT DESCRIPTION  
If a question DOES NOT APPLY,  
enter a dash (-).  
  
If an answer is UNKNOWN, enter  
an "X".

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/ OTHER PEDESTRIAN ACTION**  
1. Crossing, With Signal  
2. Crossing, Against Signal  
3. Crossing, No Signal, Marked Crosswalk  
4. Crossing, No Signal or Crosswalk  
5. Riding/Walking/Skating Along Highway With Traffic  
6. Riding/Walking/Skating Along Highway Against Traffic  
7. Emerging from in Front of/ Behind Parked Vehicle  
8. Going to/From Stopped School Bus  
9. Getting On/Off Vehicle Other Than School Bus  
10. Working in Roadway  
11. Playing in Roadway  
12. Other Actions in Roadway\*  
13. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
1. None  
2. Traffic Signal  
3. Stop Sign  
4. Flashing Light  
5. Yield Sign  
6. Officer/Guard  
7. No Passing Zone  
8. RR Crossing Sign  
9. RR Crossing  
10. RR Crossing Gates  
11. Stopped School Bus- Red Lights Flashing  
12. Construction Work Area  
13. Maintenance Work Area  
14. Utility Work Area  
15. Police/Fire Emergency  
16. School Zone  
20. Other\*

**LIGHT CONDITIONS**  
1. Daylight  
2. Dawn  
3. Dusk  
4. Dark-Road Lighted  
5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
1. Straight and Grade  
2. Straight and Level  
3. Straight at Hillcrest  
4. Curve and Level  
5. Curve and Grade  
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
1. Dry  
2. Wet  
3. Muddy  
4. Snow/Ice  
5. Slush  
6. Flooded  
0. Other\*

**WEATHER**  
1. Clear  
2. Cloudy  
3. Rain  
4. Snow  
5. Sleet/Hail/Freezing Rain  
6. Fog/Smog/Smoke  
0. Other\*

**WHICH VEHICLE OCCUPIED**  
1. Vehicle No. 1  
2. Vehicle No. 2  
A. All-Terrain Vehicle (ATV)  
B. Bicyclist  
C. In-Line Skater  
D. Other\*

**POSITION IN/ON VEHICLE**  
1. Driver  
2. Passenger  
3. Riding/Hanging on Outside  
4. Pedestrian  
5. Bicyclist  
6. In-Line Skater  
7. Passenger  
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
1. None  
2. Lap Belt  
3. Harness  
4. Lap Belt/Harness  
5. Child Restraint Only  
6. Helmet (Motorcycle Only)  
7. Air Bag Deployed  
8. Air Bag Deployed/Lap Belt  
9. Air Bag Deployed/Harness  
A. Air Bag Deployed/Lap Belt/Harness  
B. Air Bag Deployed/Child Restraint

**EJECTION FROM VEHICLE**  
1. Not Ejected  
2. Partially Ejected  
3. Ejected

**TYPE OF PHYSICAL COMPLAINT**  
1. Amputation  
2. Concussion  
3. Internal  
4. Minor Bleeding  
5. Severe Bleeding  
6. Minor Burn  
7. Moderate Burn  
8. Severe Burn  
9. Fracture - Distorted - Dislocation  
10. Contusion - Bruise  
11. Abrasion  
12. Complaint of Pain or Nausea  
13. None Visible  
14. Whiplash  
15. Crush Injuries  
16. Paralysis  
17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
1. Apparent Death  
2. Unconscious  
3. Semiconscious  
4. Incoherent  
5. Shock  
6. Conscious

**INJURED TAKEN**  
17 BY TO 18

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
2. Alcohol Involvement  
3. Backing Unsafely  
4. Driver Inattention/Distraction\*  
5. Driver Inexperience\*  
6. Drugs (Illegal)  
7. Failure to Yield Right-of-Way  
8. Fell Asleep  
9. Following Too Closely  
10. Illness  
11. Lost Consciousness  
12. Passenger Distraction  
13. Passing or Lane Usage Improper  
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
15. Physical Disability  
16. Prescription Medication  
17. Traffic Control Disregarded  
18. Turning Improperly  
19. Unsafe Speed  
20. Unsafe Lane Changing  
21. Fatigued/Drowsy  
22. Cell Phone (hand-held)  
23. Cell Phone (hands-free)  
24. Other Electronic Device\*  
25. Out-of-Car Distraction\*  
26. Reaction to Uninvolved Vehicle  
27. Failure to Obey Right  
28. Aggressive Driving/Road Rage\*  
29. Crossing Too Closely  
30. Vehicle Vandalism  
31. Teasing  
32. Log On Board Navigation Device  
33. Eating or Drinking  
Listening/Using Headphones  
**Environmental**  
61. Animal's Action  
62. Glare  
63. Lane Marking Improper/ Inadequate  
64. Obstruction/Debris  
65. Pavement Defective  
66. Pavement Slippery  
67. Shoulders Defective/ Improper  
68. Traffic Control Device Improper/Non-Working  
69. View Obstructed/Limited  
**Vehicular**  
41. Accelerator Defective  
42. Brakes Defective  
43. Headlights Defective  
44. Other Lighting Defects  
45. Oversized Vehicle  
46. Steering Failure  
47. Tire Failure/Inadequate  
48. Tow Hitch Defective  
49. Windshield Inadequate  
50. Driverless/Runaway Vehicle  
51. Tinted Windows  
60. Other Vehicular\*

**DIRECTION OF TRAVEL:**  
N  
NW 1 N NE  
W 2 W E  
SW 3 S SE  
S 4 SE

**PRE-ACCIDENT VEHICLE ACTION**  
1. Going Straight Ahead  
2. Making Right Turn  
3. Making Left Turn  
4. Making U Turn  
5. Starting from Parking  
6. Starting in Traffic  
7. Slowing or Stopping  
8. Stopped in Traffic  
9. Entering Parked Position  
10. Parked  
11. Avoiding Object in Roadway  
12. Changing Lanes  
13. Passing  
14. Merging  
15. Backing  
16. Police Pursuit  
20. Other\*

**LOCATION OF FIRST EVENT**  
1. On Roadway  
2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
1. Other Motor Vehicle  
2. Pedestrian  
3. Bicyclist  
4. Animal  
5. Railroad Train  
7. Deer  
8. Other pedestrian  
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
11. Light Support/Utility Pole  
12. Guide Rail-Not At End  
13. Guide Rail-End  
14. Crash Cushion  
15. Sign Post  
16. Building/Wall  
17. Curbing  
18. Fence  
19. Bridge Structure  
20. Culvert/Head Wall  
21. Median-Not At End  
22. Median-End  
23. Barrier  
24. Snow Embankment  
25. Earth Embankment/Rock Cut/Ditch  
26. Fire Hydrant  
27. Other Fixed Object\*

**NO COLLISION**  
31. Overturned  
32. Fire/Explosion  
33. Submersion  
34. Ran Off Roadway Only  
40. Other\*

8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6	-	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801		GALACIEWICZ, EUGENE, M	05/25/06
D														
E														
F														

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 \_\_\_\_\_

### **BOX 5 - ROADWAY CHARACTER**

**NOTE:** “X” is not an acceptable entry.

Identify the character of the roadway at the crash scene, by entering one of the following codes:

- 1 - Straight and Level
- 2 - Straight and Grade
- 3 - Straight and Hillcrest
- 4 - Curve and Level
- 5 - Curve and Grade
- 6 - Curve at Hillcrest

### **BOX 6 - ROADWAY SURFACE CONDITION**

Identify the roadway surface condition, when and where the crash occurred, by entering one of the following codes:

- 1 - Dry
- 2 - Wet
- 3 - Muddy
- 4 - Snow/Ice
- 5 - Slush
- 6 - Flooded
- 0 - Other\* (Provide an explanation in the “ACCIDENT DESCRIPTION/OFFICER’S NOTES” section.)

### **BOX 7 - WEATHER**

Identify the weather condition, when/where the crash occurred, by entering one of the following codes:

- 1 - Clear
- 2 - Cloudy
- 3 - Rain
- 4 - Snow
- 5 - Sleet/Hail/Freezing Rain
- 6 - Fog/Smog/Smoke
- 0 - Other \*(Provide an explanation in the “ACCIDENT DESCRIPTION/OFFICER’S NOTES” section.)



## BOXES 19-22 - APPARENT CONTRIBUTING FACTORS (RIGHT SIDE)

**NOTE:** "X" is not an acceptable entry.

- All crashes **must** have at least one apparent contributing factor - human, vehicular and/or environmental.
- Two "APPARENT CONTRIBUTING FACTORS" can be entered for each involved vehicle or person.

Example: If an intoxicated driver went through a stop sign and was involved in a crash, enter "2" in Box 19 and "17" in Box 20 in the area labeled for Vehicle 1.

- Enter the appropriate codes for a pedestrian's, bicyclist's or other pedestrian's contributing factors in Boxes 21 and 22 in the area labeled for Vehicle 2.
- If there is no secondary contributing factor, enter a dash (-) in Box 20 and/or Box 22.
- If there are more than two contributing factors for a vehicle, enter the two primary factors in the boxes. Any others should be described in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.

**Human** - If a crash was apparently attributable to human actions or inactions, enter one of the following codes for each involved vehicle or person:

2 - Alcohol Involvement	14 - Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
3 - Backing Unsafely	15 - Physical Disability
4 - Driver Inattention/Distracted*	16 - Prescription Medication
5 - Driver Inexperience	17 - Traffic Control Disregarded
6 - Drugs (Illegal)	18 - Turning Improperly
7 - Failure to Yield Right -of-Way	19 - Unsafe Speed
27 - Failure to Keep Right	20 - Unsafe Lane Changing
21 - Fatigued/Drowsy	22 - Cell Phone (hand-held)
8 - Fell Asleep	23 - Cell Phone (hands-free)
9 - Following Too Closely	24 - Other Electronic Device*
10 - Illness	25 - Outside Car Distraction*
11 - Lost Consciousness	26 - Reaction to Other Uninvolved Vehicle
12 - Passenger Distraction	28 - Aggressive Driving/Road Rage*
13 - Passing or Lane Usage Improper	29 - Passing Too Closely
30 - Vehicle Vandalism	31 - Texting
32 - Using On-Board Navigation Device	33 - Eating or Drinking
34 - Listening/Using Headphones	

**NOTE:** Code 14 should only be used if the pedestrian, bicyclist, or other pedestrian was involved in the crash.

Code 25 should only be used if the pedestrian, bicyclist or other pedestrian did not come in contact with the involved vehicle, but they were a contributing factor in the crash.

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing Flashing Light  
 10. RR Crossing Gates  
 11. Stopped School Bus-Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 7. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV) / Quarter  
 B. Bicyclist  
 C. In-Line Skater  
 D. Other  
 E. Pedestrian  
 F. Snowmobiler

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 6. Deer  
 7. Other pedestrian  
 8. Other Object (Not Fixed)\*  
 10. Other Object (Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*

**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Cab/Construction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Head Road  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Drinking  
 34. Listening/Using Headphones  
**Vehicular**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited

**DIRECTION OF TRAVEL:**

**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*  
 3. Making Left Turn  
 4. Making U Turn  
 5. Starting from Parking  
 6. Starting in Traffic  
 7. Slowing or Stopping  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**INJURED TAKEN**  
 17 BY TO 18

New York State  
 Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104COV (7/18)  
 \*EXPLAIN IN ACCIDENT DESCRIPTION  
 If a question DOES NOT APPLY,  
 enter a dash (-).  
 If an answer is UNKNOWN, enter  
 an "X".

**LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Elbow-Lower Arm-Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body

1  
2  
3  
4  
5  
6  
7

A  
B  
C  
D  
E  
F

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6	-	-	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801			GALACIEWICZ, EUGENE, M	05/25/06
D															
E															
F															

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

**Vehicular** - If a crash is apparently attributable to vehicle defects, inadequacies or malfunctions, enter one of the following codes:

- 41 - Accelerator Defective
- 42 - Brakes Defective
- 43 - Headlights Defective
- 44 - Other Lighting Defects
- 45 - Oversized Vehicle
- 46 - Steering Failure
- 47 - Tire Failure/Inadequate
- 48 - Tow Hitch Defective
- 49 - Windshield Inadequate
- 50 - Driverless/Runaway Vehicle
- 51 - Tinted Window
- 60 - Other Vehicular\*

**Environmental** - If the environment (for example, highway or weather) is a factor contributing to the crash, enter one of the following codes:

- 61 - Animal's Action
- 62 - Glare
- 63 - Lane Marking Improper/Inadequate
- 64 - Obstruction/Debris
- 65 - Pavement Defective
- 66 - Pavement Slippery
- 67 - Shoulders Defective/Improper
- 68 - Traffic Control Device Improper/Non-Working
- 69 - View Obstructed/Limited

### **BOXES 23 and 24 - DIRECTION OF TRAVEL (DIAGRAM)**

**NOTE:** "X" is not an acceptable entry.

- The direction each vehicle involved in the crash was traveling must be determined from the investigation.
- Enter one of the appropriate numbers in Box 23 (Vehicle 1) and Box 24 (Vehicle 2), based on the diagram on the cover sheet.

- 1 - N (North)
- 2 - NE (Northeasterly)
- 3 - E (East)
- 4 - SE (Southeasterly)
- 5 - S (South)
- 6 - SW (Southwesterly)
- 7 - W (West)
- 8 - NW (Northwesterly)

- If a parked vehicle is involved, identify the direction it is facing at the time of the crash.
- For ATVs, snowmobiles or other involved units that are not motor vehicles, enter one of the codes in Box 24.
- For a pedestrian/other pedestrian, enter a dash (-) for "does not apply."

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing  
 10. RR Crossing Gates  
 11. Stopped School Bus-Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Fog/Smog/Smoke  
 0. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV)  
 B. Bicyclist  
 C. In-Line Skater  
 O. Other  
 P. Pedestrian  
 S. Snowmobiler

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

**TYPE OF PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Elbow-Upper Arm-Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body  
 13. None Visible

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*  
**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Car Distraction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Eating or Drinking  
 34. Listening to Using Headphones  
**Vehicular**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited

**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Left Turn  
 4. Making U Turn  
 5. Starting from Parking  
 6. Starting in Traffic  
 7. Slowing or Stopping  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**INJURED TAKEN**  
 17 BY TO 18

**DIRECTION OF TRAVEL:**

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17	BY	TO	18
A	1	1	4	1	55	M	11	12	6	-	-	-	HAIGHT, W, RUSTY
B	1	3	4	1	52	M	-	-	-	-	-	-	MUIR, BRADLEY, A
C	P	-	-	-	76	M	12	3	1	9994	3801	-	GALACIEWICZ, EUGENE, M
D													05/25/06
E													
F													

Officer's Rank and Signature: \_\_\_\_\_  
 Print Name in Full: \_\_\_\_\_  
 Badge/ID No.: \_\_\_\_\_ NCIC No.: \_\_\_\_\_ Precinct/Post: \_\_\_\_\_ Station/Beat/Sector: \_\_\_\_\_  
 Reviewing Officer: \_\_\_\_\_ Date/Time Reviewed: \_\_\_\_\_

## BOXES 25 and 26 - PRE-ACCIDENT VEHICLE ACTION

**NOTE:** "X" is not an acceptable entry.

Enter one of the following codes that describes the action of each involved vehicle immediately preceding the crash:

- 1 - Going Straight Ahead
- 2 - Making Right Turn
- 16 - Making Right Turn on Red
- 3 - Making Left Turn
- 17 - Making Left Turn on Red
- 4 - Making U Turn
- 5 - Starting from Parking
- 6 - Starting in Traffic
- 7 - Slowing or Stopping
- 8 - Stopped in Traffic
- 9 - Entering Parked Position
- 10 - Parked
- 11 - Avoiding Object in Roadway
- 12 - Changing Lanes
- 13 - Passing
- 14 - Merging
- 15 - Backing
- 18 - Police Pursuit
- 20 - Other\* (Provide an explanation in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.)

- For ATVs, snowmobiles, bicycles or other involved units that are not motor vehicles, enter one of the codes in Box 26.
- For pedestrians or other pedestrians, enter a dash (-) for "does not apply."

## BOX 27 - LOCATION OF FIRST EVENT

**NOTE:** "X" is not an acceptable entry.

- The "First Event" is the initial phase of the crash, when one motor vehicle strikes another, or a pedestrian, or a fixed object, or runs off the roadway. It is the moment of impact or collision, or the moment damage or injury occurs.
- Use the following codes to specify if this "First Event" occurred on or off the roadway:

- 1 - On Roadway
- 2 - Off Roadway

**EXAMPLE:** Vehicle 1 goes onto the shoulder and strikes a sign. In this case, the location of the "First Event" occurred off the roadway, so "2" should be entered in Box 27.

**EXAMPLE:** Vehicle 2 is parked partially on the roadway and partially off the roadway. Vehicle 1 strikes Vehicle 2 in the left rear. The portion of Vehicle 2 that suffered the first point of impact should be used to determine how the crash is classified. In this example, the left rear of Vehicle 2, the first point of impact, was located on the roadway, so "1" should be entered in Box 27.

Roadway - Vehicle & Traffic Law Section 140 defines "roadway" as that portion of a highway improved, designed, marked, or ordinarily used for vehicular travel, exclusive of the shoulder and slope.

1  
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1  
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**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing  
 10. RR Crossing Gates  
 11. Stopped School Bus- Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT**  
 MV-104COV (7/18)  
 \*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
 If an answer is UNKNOWN, enter an "X".

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder/Upper Arm  
 8. Elbow/Lower Arm/Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV)  
 B. Bicyclist  
 I. In-Line Skater  
 O. Other\*  
 P. Pedestrian  
 S. Snowmobile

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passengers  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*

**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected

AGE SEX M/F

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

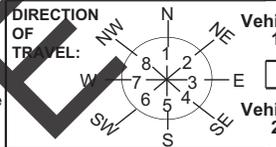
**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**INJURED TAKEN**  
 17 BY TO 18

**HUMAN APPARENT CONTRIBUTING FACTORS**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Car Distraction\*  
 26. Reaction to Uninvolved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Eating or Drinking  
 34. Listening/Using Headphones

**VEHICULAR APPARENT CONTRIBUTING FACTORS**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*

**ENVIRONMENTAL APPARENT CONTRIBUTING FACTORS**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited



**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Going Right Turn  
 3. Making Right Turn on Red  
 4. Making Left Turn on Red  
 5. Making U Turn  
 6. Starting from Parking  
 7. Starting in Traffic  
 8. Stopping or Stopping  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other\*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*

**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

Vehicle 19  
Vehicle 20  
Vehicle 21  
Vehicle 22  
Vehicle 23  
Vehicle 24  
Vehicle 1 25  
Vehicle 2 26  
First Event 28  
Vehicle 1 29  
Vehicle 2 30

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27  
28  
29  
30

USE COVER SHEET

ALL INVOLVED	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801 GALACIEWICZ, EUGENE, M	05/25/06
D												
E												
F												

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

## BOXES 28, 29 AND 30 - TYPE OF ACCIDENT

**NOTE:** "X" is not an acceptable entry.

Identify the type of crash that occurred. Determine what the vehicle collided with and show any pertinent non-collision factor.

**Box 28** - The "First Event" is the initial damage or injury producing action that occurred.

**Boxes 29 (Vehicle 1) and 30 (Vehicle 2)** - "Second Event" is any collision or vehicle crash action that occurs for each vehicle, as a direct result of the "First Event," if applicable.

**Note:** If there are more than two events, enter the most serious "Second Event," based on your investigation.

- Use the following codes, to complete Boxes 28 - 30:

### Collision With

- |                         |                                |
|-------------------------|--------------------------------|
| 1 - Other Motor Vehicle | 7 - Deer                       |
| 2 - Pedestrian          | 8 - Other Pedestrian           |
| 3 - Bicyclist           | 10 - Other Object (Not Fixed)* |
| 4 - Animal              |                                |

### Collision With Fixed Object

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| 11 - Light Support/Utility Pole | 19 - Bridge Structure                |
| 12 - Guide Rail-Not At End      | 20- Culvert/Head Wall                |
| 25 - Guide Rail-End             | 21 - Median-Not At End               |
| 13 - Crash Cushion              | 26 - Median-End                      |
| 14 - Sign Post                  | 27 - Barrier                         |
| 15 - Tree                       | 22 - Snow Embankment                 |
| 16 - Building/Wall              | 23 - Earth Embankment/Rock Cut/Ditch |
| 17 - Curbing                    | 24 - Fire Hydrant                    |
| 18 - Fence                      | 30 - Other Fixed Object*             |

### No Collision

- 31 - Overturned
- 32 - Fire/Explosion
- 33 - Submersion
- 34 - Ran Off Roadway Only
- 40 - Other\*

**Note:** If Code 34 is entered in Box 28, no other codes should be entered in Boxes 29 and Box 30.

**New York State Department of Motor Vehicles POLICE ACCIDENT REPORT**  
MV-104COV (7/18)

\*EXPLAIN IN ACCIDENT DESCRIPTION If a question DOES NOT APPLY, enter a dash (-).  
If an answer is UNKNOWN, enter an "X".

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**

1. Crossing, With Signal
2. Crossing, Against Signal
3. Crossing, No Signal, Marked Crosswalk
4. Crossing, No Signal or Crosswalk
5. Riding/Walking/Skating Along Highway With Traffic
6. Riding/Walking/Skating Along Highway Against Traffic
7. Emerging from in Front of/ Behind Parked Vehicle
8. Going to/From Stopped School Bus
9. Getting On/Off Vehicle Other Than School Bus
10. Working in Roadway
11. Playing in Roadway
12. Other Actions in Roadway\*
13. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**

1. None
2. Traffic Signal
3. Stop Sign
4. Flashing Light
5. Yield Sign
6. Officer/Guard
7. No Passing Zone
8. RR Crossing Sign
9. RR Crossing Flashing Light
10. RR Crossing Gates
11. Stopped School Bus-Red Lights Flashing
12. Construction Work Area
13. Maintenance Work Area
14. Utility Work Area
15. Police/Fire Emergency
16. School Zone
20. Other\*

**LIGHT CONDITIONS**

1. Daylight
2. Dawn
3. Dusk
4. Dark-Road Lighted
5. Dark-Road Unlighted

**ROADWAY CHARACTER**

1. Straight and Level
2. Straight and Grade
3. Straight at Hillcrest
4. Curve and Level
5. Curve and Grade
6. Curve at Hillcrest

**ROADWAY SURFACE CONDITION**

1. Dry
2. Wet
3. Muddy
4. Snow/Ice
5. Slush
6. Flooded
0. Other\*

**WEATHER**

1. Clear
2. Cloudy
3. Rain
4. Snow
5. Sleet/Hail/Freezing Rain
6. Fog/Smog/Smoke
0. Other\*

**WHICH VEHICLE OCCUPIED**

1. Vehicle No. 1
2. Vehicle No. 2
- A. All-Terrain Vehicle (ATV)
- B. Bicyclist
- C. In-Line Skater
- D. Other\*
- E. Pedestrian
- F. Snowmobile

**POSITION IN/ON VEHICLE**

1. Driver
2. 2-7. Passengers
8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**

1. None
2. Lap Belt
3. Harness
4. Lap Belt/Harness
5. Child Restraint Only
6. Helmet (Motorcycle Only)
7. Air Bag Deployed
8. Air Bag Deployed/Lap Belt
9. Air Bag Deployed/Harness
- A. Air Bag Deployed/Lap Belt/Harness
- B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**

- C. Helmet Only
- D. Helmet/Other
- E. Pads Only
- F. Stoppers Only
0. Other\*

**EJECTION FROM VEHICLE**

1. Not Ejected
2. Partially Ejected
3. Ejected

**AGE**      **SEX**  
M/F

**APPARENT CONTRIBUTING FACTORS**

**Human**

2. Alcohol Involvement
3. Backing Unsafely
4. Driver Inattention/Distracted\*
5. Driver Inexperience\*
6. Drugs (Illegal)
7. Failure to Yield Right-of-Way
8. Fell Asleep
9. Following Too Closely
10. Illness
11. Lost Consciousness
12. Passenger Distraction
13. Passing or Lane Usage Improper
14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion
15. Physical Disability
16. Prescription Medication
17. Traffic Control Disregarded
18. Turning Improperly
19. Unsafe Speed
20. Unsafe Lane Changing
21. Fatigued/Drowsy
22. Cell Phone (hand-held)
23. Cell Phone (hands-free)
24. Other Electronic Device\*
25. Outside Car Distraction\*
26. Reaction to Uninvolved Vehicle
27. Failure to Keep Right
28. Aggressive Driving/Road Rage
29. Passing Too Closely
30. Vehicle Vandalism
31. Texting
32. Using On Board Navigation Device
33. Eating/Drinking
34. Listening/Using Headphones

**Vehicular**

41. Accelerator Defective
42. Brakes Defective
43. Headlights Defective
44. Other Lighting Defects
45. Oversized Vehicle
46. Steering Failure
47. Tire Failure/Inadequate
48. Tow Hitch Defective
49. Windshield Inadequate
50. Driverless/Runaway Vehicle
51. Tinted Windows
60. Other Vehicular\*

**Environmental**

61. Animal's Action
62. Glare
63. Lane Marking Improper/Inadequate
64. Obstruction/Debris
65. Pavement Defective
66. Pavement Slippery
67. Shoulder Defective/Improper
68. Traffic Control Device Improper/Non-Working
69. View Obstructed/Limited

**DIRECTION OF TRAVEL:**

**PRE-ACCIDENT VEHICLE ACTION**

1. Going Straight Ahead
2. Making Right Turn
3. Making Right Turn on Red
4. Making Left Turn
5. Making Left Turn on Red
6. Making U Turn
7. Starting from Parking
8. Starting in Traffic
9. Slowing or Stopping
10. Stopped in Traffic
11. Entering Parked Position
12. Parked
13. Avoiding Object in Roadway
14. Changing Lanes
13. Passing
14. Merging
15. Backing
18. Police Pursuit
20. Other\*

**LOCATION OF FIRST EVENT**

1. On Roadway
2. Off Roadway

**TYPE OF ACCIDENT -- COLLISION WITH**

1. Other Motor Vehicle
2. Pedestrian
3. Bicyclist
4. Animal
5. Railroad Train
7. Deer
8. Other pedestrian
10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**

11. Light Support/Utility Pole
12. Guide Rail-Not At End
25. Guide Rail-End
13. Crash Cushion
14. Sign Post
15. Tree
16. Building/Wall
17. Curbing
18. Fence
19. Bridge Structure
20. Culvert/Head Wall
21. Median-Not At End
26. Median-End
27. Barrier
22. Snow Embankment
23. Earth Embankment/Rock Cut/Ditch
24. Fire Hydrant
30. Other Fixed Object\*

**NO COLLISION**

31. Overturned
32. Fire/Explosion
33. Submersion
34. Ran Off Roadway Only
40. Other\*

**TYPE OF PHYSICAL COMPLAINT**

1. Amputation
2. Concussion
3. Internal
4. Minor Bleeding
5. Severe Bleeding
6. Minor Burn
7. Moderate Burn
8. Severe Burn
9. Fracture - Distorted - Dislocation
10. Contusion - Bruise
11. Abrasion
12. Complaint of Pain or Nausea
13. None Visible
14. Whiplash
15. Crush Injuries
16. Paralysis
17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**

1. Apparent Death
2. Unconscious
3. Semiconscious
4. Incoherent
5. Shock
6. Conscious

**INJURED TAKEN**

17 BY \_\_\_\_\_ TO 18 \_\_\_\_\_

Vehicle 1 19

Vehicle 1 20

Vehicle 2 21

Vehicle 2 22

Vehicle 1 23

Vehicle 2 24

Vehicle 1 25

Vehicle 2 26

Vehicle 1 27

Vehicle 1 28

Vehicle 1 29

Vehicle 2 30

USE COVER SHEET

N

ALL INVOLVED	Names of all involved										Date of Death Only		
	8	9	10	11	12	13	14	15	16	17	BY	TO	18
A	1		4	1	55	M	11	12	6	-	-	-	HAIGHT, W, RUSTY
B	1	3	4	1	52	M	-	-	-	-	-	-	MUIR, BRADLEY, A
C	P	-	-	-	76	M	12	3	1	9994	3801		GALACIEWICZ, EUGENE, M
D													05/25/06
E													
F													

Officer's Rank and Signature: \_\_\_\_\_  
Print Name in Full: \_\_\_\_\_

Badge/ID No. \_\_\_\_\_ NCIC No. \_\_\_\_\_ Precinct/Post \_\_\_\_\_ Station/Beat/ \_\_\_\_\_ Troop/Zone \_\_\_\_\_ Sector \_\_\_\_\_ Reviewing Officer \_\_\_\_\_

Date/Time Reviewed: \_\_\_\_\_

## POLICE IDENTIFICATION INFORMATION

**Officer completing report**, must provide the following:

- **Officer's Rank and Signature** - sign and identify his/her rank.
- **Print Name in Full** - the police officer must print his/her name.
- **Badge/ID No.** - enter the Badge/ID No1 (MV-104A) or NYS Tax ID No. (MV-104AN)
- **NCIC No.** - enter the middle five positions of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NYS1234500, enter only 12345).
- **Precinct, Post Troop or Zone** - if applicable; and
- **Station, Beat or Sector** - if applicable.

**Officer reviewing report**, must provide the following:

- **Reviewing Officer** - enter his/her initials; and
- **Date and Time Reviewed** - enter the date and military time that the officer reviews the report.

1  
2  
5  
3  
1  
4  
5  
5  
1  
6  
2  
7  
3

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION**  
 1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
 2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

**PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION**  
 1. Crossing, With Signal  
 2. Crossing, Against Signal  
 3. Crossing, No Signal, Marked Crosswalk  
 4. Crossing, No Signal or Crosswalk  
 5. Riding/Walking/Skating Along Highway With Traffic  
 6. Riding/Walking/Skating Along Highway Against Traffic  
 7. Emerging from in Front of/ Behind Parked Vehicle  
 8. Going to/From Stopped School Bus  
 9. Getting On/Off Vehicle Other Than School Bus  
 11. Working in Roadway  
 12. Playing in Roadway  
 13. Other Actions in Roadway\*  
 14. Not in Roadway (Indicate)\*

**TRAFFIC CONTROL**  
 1. None  
 2. Traffic Signal  
 3. Stop Sign  
 4. Flashing Light  
 5. Yield Sign  
 6. Officer/Guard  
 7. No Passing Zone  
 8. RR Crossing Sign  
 9. RR Crossing  
 10. RR Crossing Gates  
 11. Stopped School Bus- Red Lights Flashing  
 12. Construction Work Area  
 13. Maintenance Work Area  
 14. Utility Work Area  
 15. Police/Fire Emergency  
 16. School Zone  
 20. Other\*

**LIGHT CONDITIONS**  
 1. Daylight  
 2. Dawn  
 3. Dusk  
 4. Dark-Road Lighted  
 5. Dark-Road Unlighted

**ROADWAY CHARACTER**  
 1. Straight and Level  
 2. Straight and Grade  
 3. Straight at Hillcrest  
 4. Curve and Level  
 5. Curve and Grade  
 6. Curve at Hillcrest

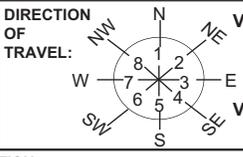
**ROADWAY SURFACE CONDITION**  
 1. Dry  
 2. Wet  
 3. Muddy  
 4. Snow/Ice  
 5. Slush  
 6. Flooded  
 0. Other\*

**WEATHER**  
 1. Clear  
 2. Cloudy  
 3. Rain  
 4. Snow  
 5. Sleet/Hail/Freezing Rain  
 6. Fog/Smog/Smoke  
 0. Other\*

New York State  
 Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104COV (7/18)  
 \*EXPLAIN IN ACCIDENT DESCRIPTION  
 If a question DOES NOT APPLY, enter a dash (-).  
 If an answer is UNKNOWN, enter an "X".

**LOCATION OF MOST SEVERE PHYSICAL COMPLAINT**  
 1. Head  
 2. Face  
 3. Eye  
 4. Neck  
 5. Chest  
 6. Back/Spine  
 7. Shoulder-Upper Arm  
 8. Elbow-Lower Arm-Hand  
 9. Abdomen - Pelvis  
 10. Hip-Upper Leg  
 11. Knee-Lower Leg-Foot  
 12. Entire Body

**APPARENT CONTRIBUTING FACTORS**  
**Human**  
 2. Alcohol Involvement  
 3. Backing Unsafely  
 4. Driver Inattention/Distracted\*  
 5. Driver Inexperience\*  
 6. Drugs (Illegal)  
 7. Failure to Yield Right-of-Way  
 8. Fell Asleep  
 9. Following Too Closely  
 10. Illness  
 11. Lost Consciousness  
 12. Passenger Distraction  
 13. Passing or Lane Usage Improper  
 14. Pedestrian/Bicyclist/Other Pedestrian Error/Confusion  
 15. Physical Disability  
 16. Prescription Medication  
 17. Traffic Control Disregarded  
 18. Turning Improperly  
 19. Unsafe Speed  
 20. Unsafe Lane Changing  
 21. Fatigued/Drowsy  
 22. Cell Phone (hand-held)  
 23. Cell Phone (hands-free)  
 24. Other Electronic Device\*  
 25. Outside Distraction\*  
 26. Reaction to Involved Vehicle  
 27. Failure to Keep Right  
 28. Aggressive Driving/Road Rage\*  
 29. Passing Too Closely  
 30. Vehicle Vandalism  
 31. Texting  
 32. Using On Board Navigation Device  
 33. Eating or Drinking  
 34. Listening/Using Headphones  
**Vehicular**  
 41. Accelerator Defective  
 42. Brakes Defective  
 43. Headlights Defective  
 44. Other Lighting Defects  
 45. Oversized Vehicle  
 46. Steering Failure  
 47. Tire Failure/Inadequate  
 48. Tow Hitch Defective  
 49. Windshield Inadequate  
 50. Driverless/Runaway Vehicle  
 51. Tinted Windows  
 60. Other Vehicular\*  
**Environmental**  
 61. Animal's Action  
 62. Glare  
 63. Lane Marking Improper/ Inadequate  
 64. Obstruction/Debris  
 65. Pavement Defective  
 66. Pavement Slippery  
 67. Shoulders Defective/ Improper  
 68. Traffic Control Device Improper/Non-Working  
 69. View Obstructed/Limited



**PRE-ACCIDENT VEHICLE ACTION**  
 1. Going Straight Ahead  
 2. Making Right Turn  
 3. Making Left Turn  
 4. Making U Turn  
 5. Starting from Parking  
 6. Starting in Traffic  
 7. Slowing or Stopping  
 8. Stopped in Traffic  
 9. Entering Parked Position  
 10. Parked  
 11. Avoiding Object in Roadway  
 12. Changing Lanes  
 13. Passing  
 14. Merging  
 15. Backing  
 18. Police Pursuit  
 20. Other \*

**LOCATION OF FIRST EVENT**  
 1. On Roadway  
 2. Off Roadway

**TYPE OF PHYSICAL COMPLAINT**  
 1. Amputation  
 2. Concussion  
 3. Internal  
 4. Minor Bleeding  
 5. Severe Bleeding  
 6. Minor Burn  
 7. Moderate Burn  
 8. Severe Burn  
 9. Fracture - Distorted - Dislocation  
 10. Contusion - Bruise  
 11. Abrasion  
 12. Complaint of Pain or Nausea  
 13. None Visible  
 14. Whiplash  
 15. Crush Injuries  
 16. Paralysis  
 17. Severe Lacerations

**VICTIM'S PHYSICAL AND EMOTIONAL STATUS**  
 1. Apparent Death  
 2. Unconscious  
 3. Semiconscious  
 4. Incoherent  
 5. Shock  
 6. Conscious

**TYPE OF ACCIDENT -- COLLISION WITH**  
 1. Other Motor Vehicle  
 2. Pedestrian  
 3. Bicyclist  
 4. Animal  
 5. Railroad Train  
 7. Deer  
 8. Other pedestrian  
 10. Other Object (Not Fixed)\*

**COLLISION WITH FIXED OBJECT**  
 11. Light Support/Utility Pole  
 12. Guide Rail-Not At End  
 25. Guide Rail-End  
 13. Crash Cushion  
 14. Sign Post  
 15. Tree  
 16. Building/Wall  
 17. Curbing  
 18. Fence  
 19. Bridge Structure  
 20. Culvert/Head Wall  
 21. Median-Not At End  
 26. Median-End  
 27. Barrier  
 22. Snow Embankment  
 23. Earth Embankment/Rock Cut/Ditch  
 24. Fire Hydrant  
 30. Other Fixed Object\*  
**NO COLLISION**  
 31. Overturned  
 32. Fire/Explosion  
 33. Submersion  
 34. Ran Off Roadway Only  
 40. Other\*

Vehicle 1 19 22  
 Vehicle 1 20 -  
 Vehicle 2 21 2  
 Vehicle 2 22 14  
 Vehicle 1 23 -  
 Vehicle 2 24 -  
 Vehicle 1 25 1  
 Vehicle 2 26 -  
 Vehicle 1 27 1  
 First Event 28 2  
 Vehicle 1 29 12  
 Vehicle 2 30 -  
 USE COVER SHEET  
 N

**WHICH VEHICLE OCCUPIED**  
 1. Vehicle No. 1  
 2. Vehicle No. 2  
 A. All-Terrain Vehicle (ATV) or Other  
 B. Bicyclist  
 C. In-Line Skater  
 P. Pedestrian  
 S. Skateboarder

**POSITION IN/ON VEHICLE**  
 1. Driver  
 2-7. Passenger  
 8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED**  
 1. None  
 2. Lap Belt  
 3. Harness  
 4. Lap Belt/Harness  
 5. Child Restraint Only  
 6. Helmet (Motorcycle Only)  
 7. Air Bag Deployed  
 8. Air Bag Deployed/Lap Belt  
 9. Air Bag Deployed/Harness  
 A. Air Bag Deployed/Lap Belt/Harness  
 B. Air Bag Deployed/Child Restraint

**In-Line Skater/Bicyclist**  
 C. Helmet Only  
 D. Helmet/Other  
 E. Pads Only  
 F. Stoppers Only  
 0. Other\*  
**EJECTION FROM VEHICLE**  
 1. Not Ejected  
 2. Partially Ejected  
 3. Ejected  
 AGE SEX M/F

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6	-	-	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801			GALACIEWICZ, EUGENE, M	05/25/06
D															
E															
F															

Officer's Rank and Signature: TPR JO Smith  
 Print Name in Full: TROOPER JO SMITH  
 Badge/ID No.: 10378  
 NCIC No.: 13801  
 Precinct/Post Troop/Zone: C/1  
 Station/Beat/Sector: ONEO  
 Reviewing Officer: DLC  
 Date/Time Reviewed: 05/26/06 1300

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# **SECTION 2**

## **Instructions for Amending Forms MV-104A and MV-104AN**

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## HOW TO AMEND FORMS MV-104A AND MV-104AN

Whenever it is necessary to make changes to a Police Accident Report (MV-104A or MV-104AN) previously submitted to DMV, you **must** submit an "Amended Report". An "Amended Report" provides new information, such as in the following examples:

- in a hit-and-run crash, where the driver of the hit-and-run vehicle is later identified; or
- in an injury crash that results in the death of the individual, 1 year from the date of the crash.

To amend the original report information on our computer files, the information on the "Amended Report" **MUST EXACTLY MATCH** the critical identifying information on the original report, previously submitted, regardless if the information originally reported was incorrect.

Complete the "Amended Report," by providing the following information **EXACTLY** as shown in the **ORIGINAL** report, previously submitted:

- enter "Page 1 of 1" at the top of a new "Police Accident Report" (MV-104A or MV-104AN);
- check the "Amended Report";
- enter the original date and military time of the crash;
- enter **ALL** driver and registration information, as originally reported; and
- enter the location and county where the crash originally occurred.

### How to Report the Changed Information

- Changes to the original report **MUST ONLY** be described in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.
- For example, if the crash date is changing, enter the original date of the crash on the top of the report, and enter the new crash date in the "ACCIDENT DESCRIPTION/OFFICER'S NOTES" section.

**Note:** Send the "**DMV COPY**" (first copy) of the "amended report" to DMV.

The next two pages show examples of a copy of an original report, previously submitted to DMV, and the "Amended Report". Changes are noted in the "Accident Description/Officer's Notes" section. Only the "Amended Report" is submitted to DMV.

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104A (9/17)

COPY OF ORIGINAL  
REPORT SUBMITTED  
TO DMV

Local Codes  
6074339999  
SPIC10000037

AMENDED REPORT

19  
22

1	2	Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
---	---	---	-------------------	-----------------------	----------------------	------------------	-----------------	--	-------------------------------------	--	----

2	5	VEHICLE 1 License ID Number: 978 654 312 Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City: SAN DIEGO, State: CA, Zip: 92199	VEHICLE 2 License ID Number: 007 321 456 Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City: MILFORD, State: NY, Zip: 13807	21	2	22	14
---	---	--	---	----	---	----	----

3	1	Date of Birth: 06/17/50, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 2, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 07/29/29, Sex: M, Unlicensed: <input type="checkbox"/>	No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	23	7
---	---	---	---	---	--	----	---

4	5	Name: CSI FUEL, INC., Sex: -, Date of Birth: -	Name: P.O. BOX 208, Sex: -, Date of Birth: -	24
---	---	--	--	----

5	1	Plate Number: 54032, State of Reg: TX, Vehicle Year & Make: 2005 MACK, Vehicle Type: I2	Ticket/Arrest Number(s): 1C1000M6SP	25
---	---	---	-------------------------------------	----

6	2	Check if involved vehicle is: <input checked="" type="checkbox"/> more than 95 inches wide; <input checked="" type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
---	---	--	--	--	----

7	3	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 2, 3 Enter up to three more Damage Codes: 1, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 1, 2 Enter up to three more Damage Codes: 3, 5	ACCIDENT DIAGRAM GUIDERAIL I-88 WESTBOUND LANES	27
---	---	--	---	---	----

8	2	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER	Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28
---	---	--	---	----

9	12	Reference Marker: 88 I, 94 D 6, 2037	Coordinates (if available): Latitude/Northing: 496489, Longitude/Easting: 4699951	Place Where Accident Occurred: County: OTSE, City/Village/Town: ONEONTA Road on which accident occurred: I-88 at 1) intersecting street: (Route Number or Street Name) or 2) 0.2 ON OS of EXIT 15 (Milepost, Nearest intersecting Route Number or Street Name)	29
---	----	--------------------------------------	---	--	----

10	30	Accident Description/Officer's Notes: V-1 WAS WESTBOUND ON I-88 IN RIGHT-HAND DRIVING LANE, PED WAS WALKING WESTBOUND IN SAME LANE AND STRUCK BY V-1. PED CAME TO REST IN PASSING LANE, DP V-1 SWERVES RIGHT TO AVOID PED AND STRUCK GUIDERAIL OFF NORTH SHOULDER, DP V-1 ADMITTED TALKING ON CELL PHONE, V-1 TRAILER-1999 TRAILITE TANKER, ME REG 135222 V-1 INS CO.-OMAHA MUTUAL-OMAHA, NE 68113, RECONSTRUCTION BY SGT DS BATES, NYS DOT NOTIFIED	30
----	----	--	----

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	18	Names of all involved	Date of Death Only
A	1	1	4	1	55	M	11	12	6	-	-	HAIGHT, W, RUSTY	
B	1	3	4	1	52	M	-	-	-	-	-	MUIR, BRADLEY, A	
C	P	-	-	-	76	M	12	3	1	9994	3801	GALACIEWICZ, EUGENE, M	05/25/06
D													
E													
F													

Officer's Rank and Signature: TROOPER JO SMITH	Badge/ID No.: 10378	NCIC No.: 13801	Precinct/Post Troop/Zone: C/1	Station/Beat/Sector: ONEO	Reviewing Officer: DLC	Date/Time Reviewed: 05/26/06 1300
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New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
MV-104A (9/17)

"AMENDED REPORT"

Local Codes  
6074339999  
SPIC10006037

AMENDED REPORT

1	Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20
---	---	-------------------	-----------------------	----------------------	------------------	-----------------	--	-------------------------------------	--	----

2	VEHICLE 1 License ID Number: 978 654 312 Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City/Town: SAN DIEGO, State: CA, Zip Code: 92199				VEHICLE 2 License ID Number: 007 321 456 Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City/Town: MILFORD, State: NY, Zip Code: 13807				21
---	--	--	--	--	---	--	--	--	----

3	Date of Birth: 06/17/50, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 2, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 07/29/29, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>	22
---	--	---	----

4	Name: CSI FUEL, INC. Address: P.O. BOX 208 City/Town: PLANO, State: TX, Zip Code: 75075 Hazardous Material Code: 1203	Name: [Blank] Address: [Blank] City/Town: [Blank], State: [Blank], Zip Code: [Blank] Hazardous Material Code: [Blank]	23
---	--	--	----

5	Plate Number: 54032, State of Reg: TX, Vehicle Year & Make: 2005 MACK, Vehicle Type: I2	Plate Number: [Blank], State of Reg: [Blank], Vehicle Year & Make: [Blank], Vehicle Type: [Blank]	24
---	---	---	----

6	Ticket/Arrest Number(s): [Blank] Violation Section(s): [Blank]	Ticket/Arrest Number(s): [Blank] Violation Section(s): [Blank]	25
---	---	---	----

7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.	26
---	--	--	--	----

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: [Blank], Box 2 - Most Damage: [Blank] Enter up to three more Damage Codes: [Blank], [Blank], [Blank]	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: [Blank], Box 2 - Most Damage: [Blank] Enter up to three more Damage Codes: [Blank], [Blank], [Blank]	ACCIDENT DIAGRAM [Diagram showing vehicle positions and directions]	27
---	--	--	--	----

7	Vehicle Towed: [Blank]	Vehicle Towed: [Blank]	28
---	------------------------	------------------------	----

VEHICLE DAMAGE CODING:  
1-13. SEE DIAGRAM ON RIGHT.  
14. UNDERCARRIAGE 17. DAMAGED  
15. TRAILER 18. OTHER DAMAGE  
16. OVERTURNED 19. OTHER

Place Where Accident Occurred:  
County: [Blank] City/Village/Town of: [Blank]  
Road on which accident occurred: [Blank] (Route Number or Street Name)  
at 1) intersecting street: [Blank] (Route Number or Street Name)  
or 2) [Blank] N/S/E/W of [Blank] (Milepost, Nearest intersecting Route Number or Street Name)

Reference Marker	Coordinates (if available) Latitude/Northing: [Blank] Longitude/Easting: [Blank]	Accident Description/Officer's Notes New Accident Date: 05/26/06	29
------------------	--	---	----

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

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
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# **SECTION 3**

**Instructions for Completing**

## **TRUCK AND BUS SUPPLEMENTAL POLICE ACCIDENT REPORT**

**Form MV-104S**

**POLICE REPORTING OF QUALIFYING  
COMMERCIAL MOTOR VEHICLE CRASHES  
FORM MV-104S**

The "Truck and Bus Supplemental Police Accident Report", form MV-104S, is used by police officers to report information about certain trucks, tractor-trailers and buses involved in crashes. The US Department of Transportation, Federal Motor Carrier Safety Administration and the NYS Vehicle & Traffic Law requires police agencies to report this information to DMV.

**STATUTORY REQUIREMENTS**

The US Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA), issued a Final Rule (49 CFR Parts 390 and 394), published in the Federal Register on February 2, 1993, effective March 4, 1993, requiring states to report to the FMCSA certain information regarding truck and bus accidents occurring on and after January 1, 1994.

Section 603, subdivision 2 of the Vehicle & Traffic Law requires, "...every police officer or judicial officer to whom an accident shall have been reported involving a commercial vehicle as defined in either subdivision four of section five hundred one-a or subdivision one of section five hundred nine-p of this chapter shall immediately investigate the facts, or cause the same to be investigated and report the matter to the commissioner forthwith..."

**HOW TO DETERMINE IF FORM MV-104S IS REQUIRED**

Complete form MV-104S only if the following criteria apply:

**The crash involved a qualifying vehicle, as listed below:**

- any commercial truck having a Gross Vehicle Weight Rating (GVWR) or Gross Combined Weigh Rating (GCWR) > 10,000 lbs.;
- any vehicle displaying hazardous materials (Haz Mat) placard; or
- a bus designed to carry 9 or more persons, including the driver.

**AND**

**One of the following events occurred:**

- at least one vehicle was towed/transported from the scene (other than for a flat tire);
- at least one person sustained fatal injuries; **or**
- at least one person was transported for immediate medical treatment.

Local Codes



TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (8/14)

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

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 (1 A, 2 B, 3 CDL C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM), DATE OF BIRTH, SEX (1 Male, 2 Female)

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

2: GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES (1 Less than or equal to 10,000 lbs., 2 10,001 - 26,000 lbs., 3 More than 26,000 lbs.), VEHICLE IDENTIFICATION NUMBER

3: VEHICLE CONFIGURATION (1 Bus, 2 Single-unit Truck, 3 Single-unit Truck, 4 Truck/Trailer, 5 Truck Tractor, 6 Tractor/Semi-trailer, 7 Tractor/Doubles, 8 Tractor/Triples, 9 Unknown Heavy Truck, 10 Passenger Car, 11 Light truck, 12 Bus), TRAFFIC WAY (1 Two-way, not divided, 2 Two-way, divided, unprotected median, 3 Two-way, divided, positive median barrier, 4 One-way not divided, 5 Not reported)

4: CARGO BODY TYPE (1 Bus, 2 Van/Enclosed Box, 3 Cargo Tank, 4 Flatbed, 5 Dump, 6 Complete Mixer, 7 Auto Transporter, 8 Garbage/Refuse, 9 Other, 10 Grain, Chips, Gravel, 11 Pole, 12 Bus, 13 Not Applicable, 14 Intermodal Chassis, 15 Logging, 16 Vehicle Towing Another Motor Vehicle), ACCESS CONTROL (1 No Access Control, 2 Full Access Control, 4 Partial Access Control)

5: CARRIER TYPE (1 Intrastate Carrier, 2 Interstate Carrier, 3 Not in Commerce, 4 Not in Commerce - Government), BUS TYPE (1 Not a Bus, 2 School, 3 Transit, 4 Intercity, 5 Charter, 6 Other)

6: HAZARDOUS MATERIALS INVOLVEMENT (Does vehicle have HazMat placard?), COPY FROM PLACARD (4-digit identification number, 1 or 2-digit number from bottom of diamond), NAME OF HAZ MAT CLASS, SEQUENCE OF EVENTS (FOR THIS VEHICLE) (1 Ran Off Road, 2 Jackknife, 3 Overturn/Rollover, 4 Downhill Runaway, 5 Cargo Loss or Shift, 6 Explosion or Fire, 7 Separation of Units, 8 Involving Pedestrian, 9 Involving Motor Vehicle in Transport, 10 Involving Parked Motor Vehicle, 11 Involving Train, 12 Involving Pedalcycle, 13 Involving Animal, 14 Involving Fixed Object, 18 Cross Median/Centerline, 19 Equipment Failure, 20 Other, 21 Unknown, 22 With Work Zone Maintenance Equipment, 23 With Other Movable Object, 24 With Unknown Movable Object)

7: WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No
OFFICER'S RANK AND SIGNATURE, PRINT NAME IN FULL, BADGE/ID NO., NCIC NO., DATE OF REPORT



## COMPLETING THE "TRUCK AND BUS SUPPLEMENTAL POLICE ACCIDENT REPORT", FORM MV-104S

If a crash involved at least one qualifying vehicle AND a least one qualifying event, complete a separate MV-104S for each qualifying commercial vehicle.

### Page Numbering

Write the specific page number for each "Bus and Truck Supplemental Police Accident Report" (MV-104-S) and total the number of pages, beginning with the "Police Accident Report" (MV-104A or MV-104AN) as the first page. For example, number form MV-104A, "Page 1 of 3 Pages", number form MV-104S, "Page 2 of 3 Pages", and, if applicable, number form MV-104D, "Page 3 of 3 Pages".

### Local Codes, Precinct, Accident No. and Complaint No.

Enter a Case No., Precinct No., Accident No. Complaint No., or any other identifying information the police agency finds helpful.

### Number of Qualifying Vehicles Involved

Enter the total number of:

- trucks having a GVWR or GCWR > 10,000 lbs.;
- vehicles with a Haz Mat placard; or
- buses designed to carry 9 or more persons.

### Number of Vehicles

- **Towed/transported from scene due to damage** - enter the total number of vehicles (not just qualifying commercial vehicles) towed or transported from the crash scene due to vehicle damage (other than a flat tire).

### Number of Persons

- **Sustaining fatal injuries** - enter the number of persons killed.
- **Transported for IMMEDIATE medical treatment** - enter the number of persons who had to be immediately transported to a medical facility due to injuries sustained in the crash.



# TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (8/14)

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

Local Codes  
6074339999  
SPIC10000037

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:

1 Trucks having a GVWR or GCWR > 10,000 lbs.

1 Vehicles with a HazMat (HM) placard

0 Buses designed to carry 9 or more persons

Number of Vehicles:

1 Towed/transported from scene due to damage

Number of Persons:

1 Sustaining fatal injuries

0 Transported for IMMEDIATE medical treatment

ACCIDENT DATE Mo Day Year			MILITARY TIME	COUNTY	CITY/TOWN/VILLAGE
------------------------------	--	--	---------------	--------	-------------------

DRIVER	DRIVER LICENSE ID #	STATE OF LIC					
	DRIVER NAME - exactly as printed on license (Last, First, M.I.)						
	LICENSE CLASS	DATE OF BIRTH	SEX				

CARRIER	CARRIER NAME					
	STREET OR P.O. BOX	CITY	STATE	ZIP CODE	TOTAL AXLES (Includes trailers)	
	PLATE NUMBER	STATE OF REG.	CARRIER'S IDENTIFICATION NUMBERS			

2	GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES	VEHICLE IDENTIFICATION NUMBER
	1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs.    3 More than 26,000 lbs.	

3	VEHICLE CONFIGURATION	TRAFFIC WAY
	1 Bus (seats 15 + people, including driver) 2 Single-unit Truck (2-axle, 6-tire) 3 Single-unit Truck (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles 8 Tractor/Doubles 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard 12 Bus (seats for 9 - 15 people, including driver)	1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, positive median barrier 4 One-way not divided 5 Not reported

4	CARGO BODY TYPE	ACCESS CONTROL
	1 Bus (seats 15+ people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats 9-15 people, including driver) 13 Not Applicable/No Cargo Body Type 14 Intermodal Chassis 15 Logging 16 Vehicle Towing Another Motor Vehicle	1 No Access Control 2 Full Access Control 4 Partial Access Control

5	CARRIER TYPE	BUS TYPE
	1 Intrastate Carrier    3 Not in Commerce (Other Truck/Bus over 10,000 lbs.) 2 Interstate Carrier    4 Not in Commerce - Government	1 Not a Bus    3 Transit    5 Charter 2 School    4 Intercity    6 Other

6	HAZARDOUS MATERIALS INVOLVEMENT	SEQUENCE OF EVENTS (FOR THIS VEHICLE)
	Does vehicle have HazMat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: NAME OF HAZ MAT CLASS	1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision) 13 Involving Animal (collision) 14 Involving Fixed Object (collision) 18 Cross Median/Centerline (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) 20 Other (noncollision) 21 Unknown (noncollision) 22 With Work Zone Maintenance Equipment (collision) 23 With Other Movable Object (collision) 24 With Unknown Movable Object (collision)

7	WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes    2 No	OFFICER'S RANK AND SIGNATURE PRINT NAME IN FULL	BADGE/ID NO.	NCIC NO.	DATE OF REPORT
---	--	--	--------------	----------	----------------



## ACCIDENT DATE/TIME

**Accident Date** - enter the two-digit month, day and year (MM/DD/YY).

**Note:** The report cannot be processed without a valid crash date.

**Military Time** - enter the four-digit military time of the crash (for example, 12:15 AM = 0015).

## CRASH LOCATION

**County** - enter the first four letters of the county where the crash occurred (for example, Albany County is ALBA).

**City/Town/Village** - enter the name of the city, town or village where the crash occurred.

## DRIVER INFORMATION

### Driver License ID #

- Beginning in the first box on the left, enter the driver license number of the driver of the qualifying vehicle.
- The number of digits in the driver license number varies by state, so some boxes on the right may be blank.

**State of Lic.** - enter the state or province that issued the driver license (see Appendix B).

**Driver Name** - enter the name exactly as shown on the driver's license (last, first and middle initial). Enter "NO DRIVER" if there was no occupant in the driver's seat.

**Box 1 - License Class** - enter one of the following numbers:

1 - A	6 - E
2 - B	7 - M
3 - CDL C	8 - MJ
4 - D	9 - Other
5 - DJ	10 - DM

**Date of Birth** - enter the driver's date of birth (MM/DD/YY).

**Sex (Box 8)** - enter one of the following numbers:

1 - Male
2 - Female



**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**

MV-104S (8/14)

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

Local Codes  
6074339999  
SPIC10000037

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

**Number of Vehicles:**  
 1 Towed/transported from scene due to damage

**Number of Persons:**  
 1 Sustaining fatal injuries  
 0 Transported for IMMEDIATE medical treatment

ACCIDENT DATE: Mo 05, Day 25, Year 06  
 MILITARY TIME: 2230  
 COUNTY: OTSE  
 CITY/TOWN/VILLAGE: ONEONTA

**DRIVER**  
 LICENSE ID # 91781654311a  
 DRIVER NAME - exactly as printed on license (Last, First, M.I.): HAIGHT, W, RUSTY  
 STATE OF LIC: CA

**LICENSE CLASS**  
 1 A, 2 B, 3 CDL C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM  
 DATE OF BIRTH: Mo 06, Day 17, Year 50  
 SEX: 1 Male, 2 Female

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

**2** GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES  
 1 Less than or equal to 10,000 lbs.  
 2 10,001 - 26,000 lbs.  
 3 More than 26,000 lbs.  
 VEHICLE IDENTIFICATION NUMBER

**3** VEHICLE CONFIGURATION  
 1 Bus (seats 15+ people, including driver)  
 2 Single-unit Truck (2-axle, 6-tire)  
 3 Single-unit Truck (3 or more axles)  
 4 Truck/Trailer  
 5 Truck Tractor (bobtail)  
 6 Tractor/Semi-trailer  
 7 Tractor/Doubles  
 8 Tractor Triples  
 9 Unknown Heavy Truck, cannot classify  
 10 Passenger Car - only record when vehicle displays a Hazardous Material placard  
 11 Light Truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard  
 12 Bus (seats for 9 - 15 people, including driver)  
 TRAFFIC WAY  
 1 Two-way, not divided  
 2 Two-way, divided, unprotected median  
 3 Two-way, divided, positive median barrier  
 4 One-way not divided  
 5 Not reported

**4** CARGO BODY TYPE  
 1 Bus (seats 15+ people, including driver)  
 2 Van/Enclosed Box  
 3 Cargo Tank  
 4 Flatbed  
 5 Dump  
 6 Concrete Mixer  
 7 Auto Transporter  
 8 Garbage/Refuse  
 9 Other  
 10 Grain, Chips, Gravel  
 11 Pole  
 12 Bus (seats 9-15 people, including driver)  
 13 Not Applicable/No Cargo Body Type  
 14 Intermodal Chassis  
 15 Logging  
 16 Vehicle Towing Another Motor Vehicle  
 ACCESS CONTROL  
 1 No Access Control  
 2 Full Access Control  
 4 Partial Access Control

**5** CARRIER TYPE  
 1 Intrastate Carrier  
 2 Interstate Carrier  
 3 Not in Commerce (Other Truck/Bus over 10,000 lbs.)  
 4 Not in Commerce - Government  
 BUS TYPE  
 1 Not a Bus  
 2 School  
 3 Transit  
 4 Intercity  
 5 Charter  
 6 Other

**6** HAZARDOUS MATERIALS INVOLVEMENT  
 Does vehicle have HazMat placard? 1 Yes 2 No  
 COPY FROM PLACARD  
 4-digit identification number from diamond/orange panel  
 1 or 2-digit number from bottom of diamond.  
 NAME OF HAZ MAT CLASS  
**7** WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?  
 1 Yes 2 No

**SEQUENCE OF EVENTS (FOR THIS VEHICLE)**  
 1 Ran Off Road (noncollision)  
 2 Jackknife (noncollision)  
 3 Overturn/Rollover (noncollision)  
 4 Downhill Runaway (noncollision)  
 5 Cargo Loss or Shift (noncollision)  
 6 Explosion or Fire (noncollision)  
 7 Separation of Units (noncollision)  
 8 Involving Pedestrian (collision)  
 9 Involving Motor Vehicle in Transport (collision)  
 10 Involving Parked Motor Vehicle (collision)  
 11 Involving Train (collision)  
 12 Involving Pedalcycle (collision)  
 13 Involving Animal (collision)  
 14 Involving Fixed Object (collision)  
 18 Cross Median/Centerline (noncollision)  
 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)  
 20 Other (noncollision)  
 21 Unknown (noncollision)  
 22 With Work Zone Maintenance Equipment (collision)  
 23 With Other Movable Object (collision)  
 24 With Unknown Movable Object (collision)

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



## CARRIER INFORMATION

**Carrier Name** - enter the name of the business entity, individual, partnership, corporation or religious organization responsible for the transportation of the goods, property, or people.

**NOTE:** The carrier can be different from the name on the side of the truck because of contractual arrangements.

- Identify the correct carrier by looking for a company name on the shipping papers the driver usually has in the cab. In the case of a bus, the driver may carry a "trip manifest" or "charter order" which will give the name of the motor carrier.
- If shipping papers are not available, the officer should check the door of the cab on the driver's side, or anywhere else it may be displayed.
- If the driver is unable to provide the name of the carrier or company name, check the driver's log and the vehicle registration.

**Street or P.O. Box/City** - enter the carrier's street address, or post office box, and city or town, as printed on the shipping papers or other source of carrier identification.

**State** - enter the two-letter abbreviation of the carrier's state/province (see Appendix B).

**ZIP Code** - enter the five or nine digit ZIP Code for the carrier's address; for a Mexican state, write "MEXICO" in the ZIP Code space; for a Canadian Province enter the Canadian Postal Code.

**Total Axles (Box 9)** - enter the total number of axles, including auxiliary axles, under this vehicle or vehicle-combination (see Attachment B).

**Plate Number** - enter the registration number of the vehicle (power unit). If the vehicle is a police, fire or other exempt public vehicle, and does not have a plate number, print "police", "fire" or other description in this block.

**State of Reg.** - enter the two-letter state or province abbreviation from the vehicle registration (see Appendix B).

**Carrier's Identification Number** - private fleet and for-hire vehicles involved in interstate commerce must have either a US DOT (United States Department of Transportation) or an MC/MX (Motor Carrier/Mexico Carrier) number. Vehicles that haul "exempt" commodities, such as unprocessed agricultural products, are not required to have either an MC/MX or a US DOT identification number.

- **US DOT number** - found only on vehicles of interstate private carriers. Enter the number after "US DOT", beginning with the left position.
- **MC/MX number** - found only on vehicles of interstate for-hire carriers. "MC/MX" usually precedes the number. In some cases, it may be preceded by just "MC" or "MX". If a carrier has two or more MC/MX numbers, enter one of the numbers.



**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**

MV-104S (8/14)

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

Local Codes  
6074339999  
SPIC 10000037

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

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

ACCIDENT DATE: Mo. 05, Day 25, Year 06; MILITARY TIME 2230; COUNTY OTSE; CITY/TOWN/VILLAGE ONEONTA

DRIVER: LICENSE ID # 19786543112; STATE OF LIC. CA; DRIVER NAME - exactly as printed on license (Last, First, M.I.) HAIGHT, W. RUSTY

LICENSE CLASS: 1 A, 2 B, 3 CDL C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM; DATE OF BIRTH: Mo. 06, Day 17, Year 50; SEX: 1 Male, 2 Female

CARRIER NAME: CSI FUEL, INC.; STREET OR P.O. BOX: PO. Box 208; CITY: PLANO; STATE: TX; ZIP CODE: 75075; TOTAL AXLES (Includes trailers): 5; PLATE NUMBER: 54032; STATE OF REG.: TX; CARRIER'S IDENTIFICATION NUMBERS: US DOT 786311241

GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES: 1 Less than or equal to 10,000 lbs., 2 10,001 - 26,000 lbs., 3 More than 26,000 lbs.; VEHICLE IDENTIFICATION NUMBER

VEHICLE CONFIGURATION: 1 Bus (seats 15+ people, including driver), 2 Single-unit Truck (2-axle, 6-tire), 3 Single-unit Truck (3 or more axles), 4 Truck/Trailer, 5 Tractor (bobtail), 6 Tractor/Semi-trailer, 7 Tractor/Doubles, 8 Tractor/Doubles, 9 Unknown Heavy Truck, cannot classify, 10 Passenger Car - only record when vehicle displays a Hazardous Material placard, 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard, 12 Bus (seats for 9 - 15 people, including driver); TRAFFIC WAY: 1 Two-way, not divided, 2 Two-way, divided, unprotected median, 3 Two-way, divided, positive median barrier, 4 One-way not divided, 5 Not reported

CARGO BODY TYPE: 1 Bus (seats 15+ people, including driver), 2 Van/Enclosed Box, 3 Cargo Tank, 4 Flatbed, 5 Dump, 6 Concrete Mixer, 7 Auto Transporter, 8 Garbage/Refuse, 9 Other, 10 Grain, Chips, Gravel, 11 Pole, 12 Bus (seats 9-15 people, including driver), 13 Not Applicable/No Cargo Body Type, 14 Intermodal Chassis, 15 Logging, 16 Vehicle Towing Another Motor Vehicle; ACCESS CONTROL: 1 No Access Control, 2 Full Access Control, 4 Partial Access Control

CARRIER TYPE: 1 Intrastate Carrier, 2 Interstate Carrier, 3 Not in Commerce (Other Truck/Bus over 10,000 lbs.), 4 Not in Commerce - Government; BUS TYPE: 1 Not a Bus, 2 School, 3 Transit, 4 Intercity, 5 Charter, 6 Other

HAZARDOUS MATERIALS INVOLVEMENT: Does vehicle have HazMat placard? 1 Yes 2 No; COPY FROM PLACARD: 4-digit identification number from diamond/orange panel, 1 or 2-digit number from bottom of diamond; NAME OF HAZ MAT CLASS; WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No; SEQUENCE OF EVENTS (FOR THIS VEHICLE): 1 Ran Off Road (noncollision), 2 Jackknife (noncollision), 3 Overturn/Rollover (noncollision), 4 Downhill Runaway (noncollision), 5 Cargo Loss or Shift (noncollision), 6 Explosion or Fire (noncollision), 7 Separation of Units (noncollision), 8 Involving Pedestrian (collision), 9 Involving Motor Vehicle in Transport (collision), 10 Involving Parked Motor Vehicle (collision), 11 Involving Train (collision), 12 Involving Pedalcycle (collision), 13 Involving Animal (collision), 14 Involving Fixed Object (collision), 18 Cross Median/Centerline (noncollision), 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.), 20 Other (noncollision), 21 Unknown (noncollision), 22 With Work Zone Maintenance Equipment (collision), 23 With Other Movable Object (collision), 24 With Unknown Movable Object (collision)

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



## VEHICLE INFORMATION

### Box 2 - GVWR For Single Unit/GCWR for Combo Vehicles

- The weight rating for most four-tire and some six-tire vehicles is located on a metal plate, on the driver's door edge or door-latch post.
- For larger trucks, the weight rating is usually found on the driver's side of the vehicle, by opening the door and looking at the hinge pillar, door-latch post or door edge.
- On older vehicles, it may be in other locations, such as under the hood or in the glove box. If the vehicle is a bus, enter a dash (-).

**Note:** The weight rating is not necessarily the weight shown on the registration.

Enter one of the following numbers:

- 1 - Less than or equal to 10,000 lbs.
- 2 - 10,001 - 26,000 lbs.
- 3 - More than 26,000 lbs.

### Vehicle Identification Number (VIN)

Enter the VIN from the vehicle registration.

**Note:** Compare the VIN on the registration with the number on the vehicle. The VIN can be located on the driver's side of the vehicle, in the front corner of the dashboard; on the hinge pillar; door latch post; door edge; or on an interior wall near the driver's seat.

### Box 3 - Vehicle Configuration - enter one of the following numbers:

- |   |  |
|---|--|
| 1 - Bus (seats for more than 15 people, including driver) | 9 - Unknown Heavy Truck, cannot classify   |
| 2 - Single-unit Truck (2-axle, 6-tire)                    | 10 - Passenger Car - only record when vehicle display a Haz Mat placard  |
| 3 - Single-unit Truck (3 or more axles)                   | 11 - Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard |
| 4 - Truck/Trailer   | 12 - Bus (seats for 9 - 15 people, including driver)   |
| 5 - Truck Tractor (bobtail)                               |  |
| 6 - Tractor/Semi-trailer                                  |  |
| 7 - Tractor/Doubles                                       |  |
| 8 - Tractor/Triples                                       |  |



**Box 4 - Cargo Body Type** - Enter one of the following numbers:

- |  |   |
|--|---|
| 1 - Bus (seats for more than 15 people,<br>including driver) | 9 - Other   |
| 2 - Van/Enclosed Box   | 10 - Grain, Chips, Gravel                               |
| 3 - Cargo Tank   | 11 - Pole   |
| 4 - Flatbed  | 12 - Bus (seats for 9 - 15 people,<br>including driver) |
| 5 - Dump   | 13 - Not Applicable/No Cargo Body Type                  |
| 6 - Concrete Mixer   | 14 - Intermodal Chassis                                 |
| 7 - Auto Transporter   | 15 - Logging  |
| 8 - Garbage/Refuse   | 16 - Vehicle Towing Another Motor Vehicle               |

**Box 5 - Carrier Type** - Enter one of the following numbers (see Appendix D for definitions)

- |                        |  |
|------------------------|--|
| 1 - Intrastate Carrier | 3 - Not in Commerce (other Truck/Bus over 10,000 lbs.) |
| 2 - Interstate Carrier | 4 - Not in Commerce - Government                       |

**Box 6 - Hazardous Material Involvement**

**Does vehicle have Haz Mat placard?** Enter one of the following numbers:

- 1 - Yes
- 2 - No

**Copy From Placard** - For buses or trucks, enter the number from the HazMat placard on the vehicle. If the involved vehicle is not placarded, but is carrying HazMat material in a container within the vehicle, enter the placard number that is displayed on the container.

**Note:** When more than one placard is display on the vehicle, enter the information from only one of the placards.

- 4-digit identification number from diamond/orange panel
- 1 or 2-digit number from bottom of diamond
- Name of HazMat Class - enter the most severe code or name of the "released" material.



**Box 7 - Was Hazardous Cargo Released From Vehicle (other that fuel from fuel tank)?**

Enter one of the following numbers if any placarded material was released from the cargo tank or compartment of the truck. Do not count fuel spilled from the vehicle's fuel tank, even though it is a hazardous material.

- 1 - Yes
- 2 - No

**Box 8 - Sex (see Driver Information above)**

**Box 9 - Total Axles (see Appendix C)**



**Box 10 - Traffic Way - Enter one of the following numbers:**

- 1 - Two-way, not divided: a two-way traffic street or highway with opposing lanes of traffic separated by only a standard painted centerline, including roads with no highway markings.

**NOTE:** A roadway with turning lanes does not apply. (See #2.)

- 2 - Two-way, divided, unprotected median: a two-way traffic street or highway with opposing lanes of traffic separated by a median. Medians maybe depressed, raised, or flush with the pavement surface and may be grass, landscaped, or pavement in excess of two feet, constructed of asphalt or concrete. For example, a continuous left-turn lane is a separation.
- 3 - Two-way, divided, physical median barrier: a two-way traffic street or highway with opposing lanes of traffic separated by a concrete wall, guardrail, or other barrier intended to restrain or redirect an errant vehicle.
- 4 - One-way, not divided: any roadway, including a ramp or one-way street, on which traffic moves in only one direction.
- 5 - Not reported

**Box 11 - Access Control - Enter the number which best describes the roadway at the time and place of the crash:**

- 1 - No Access Control - a street where driveways provide access to and exit from adjacent properties, and where cross streets intersect at grade.
- 2 - Full Access Control - an expressway or freeway where the only means of entry to or exit from the roadway is by ramps connecting to other streets or highways. All cross streets are bridged over or under the main roadway.
- 4 - Partial Access Control - roadway with limited access by ramps and cross streets only.

**Box 12 - Bus Type - Enter one of the following numbers:**

- 1 - Not a bus - Less than 9 seats, including the driver and personal use van with 9 or more seats, including the driver.
- 2 - School - Any public or private school or district, or contracted carrier operation on behalf of the entity, providing transportation for K-12 pupils.
- 3 - Transit - An entity providing passenger transportation over fixed, scheduled routes, within primarily urban geographical areas.
- 4 - Intercity - A company providing for-hire, long distance passenger transportation between cities over fixed routes with regular schedules.
- 5 - Charter - A company providing transportation on a for-hire basis, usually roundtrip service for a tour group or outing.
- 6 - Other - All bus operations not included in the previous categories. These include private companies providing transportation services for their own employees and others (hotel shuttles, etc.), non-governmental organizations (such as churches and non-profit groups), non-educational units of government (such as Department of Corrections).



**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**

MV-104S (8/14)

Local Codes  
6074339999  
SPIC10000037

AMENDED REPORT

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

<b>INSTRUCTIONS</b> 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.		<b>Number of:</b> 1 Trucks having a GVWR or GCWR > 10,000 lbs. 1 Vehicles with a HazMat (HM) placard 0 Buses designed to carry 9 or more persons	<b>Number of Vehicles:</b> 1 Towed/transported from scene due to damage <b>Number of Persons:</b> 1 Sustaining fatal injuries 0 Transported for IMMEDIATE medical treatment
<b>ACCIDENT DATE</b> Mo. 05 Day 25 Year 06 <b>MILITARY TIME</b> 2230 <b>COUNTY</b> OTSE <b>CITY/TOWN/VILLAGE</b> ONEONTA			
<b>DRIVER</b> LICENSE ID # 9786543112 DRIVER NAME - exactly as printed on license (Last, First, M.I.) HAIGHT, W, RUSTY STATE OF LIC. CA			
<b>LICENSE CLASS</b> 1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DM DATE OF BIRTH Mo. 06 Day 17 Year 50 SEX 1 Male 2 Female			
<b>CARRIER</b> CARRIER NAME CSI FUEL, INC. STREET OR P.O. BOX PO. Box 208 CITY PLANO STATE TX ZIP CODE 75075 TOTAL AXLES (Includes trailers) 5 PLATE NUMBER 54032 STATE OF REG. TX CARRIER'S IDENTIFICATION NUMBERS US DOT 786311241 MCMX			
<b>GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES</b> 1 Less than or equal to 10,000 lbs. 2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.	<b>VEHICLE IDENTIFICATION NUMBER</b> 1 X 2 R 3 A 4 D 5 R 6 X 7 5 8 M 9 S 10 5 11 4 12 2 13 0 14 6 15 6 16 1		
<b>VEHICLE CONFIGURATION</b> 1 Bus (seats 15+ people, including driver) 2 Single-unit Truck (2-axle, 6-tire) 3 Single-unit Truck (3 or more axles) 4 Truck/Trailer 5 Truck Tractor (bobtail) 6 Tractor/Semi-trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Unknown Heavy Truck, cannot classify 10 Passenger Car - only record when vehicle displays a Hazardous Material placard 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard 12 Bus (seats for 9 - 15 people, including driver)	<b>TRAFFIC WAY</b> 1 Two-way, not divided 2 Two-way, divided, unprotected median 3 Two-way, divided, positive median barrier 4 One-way not divided 5 Not reported		3
<b>CARGO BODY TYPE</b> 1 Bus (seats 15+ people, including driver) 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other 10 Grain, Chips, Gravel 11 Pole 12 Bus (seats 9-15 people, including driver) 13 Not Applicable/No Cargo Body Type 14 Intermodal Chassis 15 Logging 16 Vehicle Towing Another Motor Vehicle	<b>ACCESS CONTROL</b> 1 No Access Control 2 Full Access Control 4 Partial Access Control		2
<b>CARRIER TYPE</b> 1 Intrastate Carrier 2 Interstate Carrier 3 Not in Commerce (Other Truck/Bus over 10,000 lbs.) 4 Not in Commerce - Government	<b>BUS TYPE</b> 1 Not a Bus 2 School 3 Transit 4 Intercity 5 Charter 6 Other		-
<b>HAZARDOUS MATERIALS INVOLVEMENT</b> Does vehicle have HazMat placard? 1 Yes 2 No COPY FROM PLACARD: 4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond: 1 2 0 3 3 NAME OF HAZ MAT CLASS: FLAMMABLE LIQUID	<b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b> 1 Ran Off Road (noncollision) 2 Jackknife (noncollision) 3 Overturn/Rollover (noncollision) 4 Downhill Runaway (noncollision) 5 Cargo Loss or Shift (noncollision) 6 Explosion or Fire (noncollision) 7 Separation of Units (noncollision) 8 Involving Pedestrian (collision) 9 Involving Motor Vehicle in Transport (collision) 10 Involving Parked Motor Vehicle (collision) 11 Involving Train (collision) 12 Involving Pedalcycle (collision) 13 Involving Animal (collision) 14 Involving Fixed Object (collision) 18 Cross Median/Centerline (noncollision) 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.) 20 Other (noncollision) 21 Unknown (noncollision) 22 With Work Zone Maintenance Equipment (collision) 23 With Other Movable Object (collision) 24 With Unknown Movable Object (collision)		
<b>WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?</b> 1 Yes 2 No			
<b>OFFICER'S RANK AND SIGNATURE</b> PRINT NAME IN FULL	<b>BADGE/ID NO.</b>	<b>NCIC NO.</b>	<b>DATE OF REPORT</b>



**Boxes 13 - 16 - Sequence of Events (For This Vehicle)** - enter the number for the events involving this vehicle, in the order in which they occurred. Record only the first four events.

- |   |   |
|---|---|
| 1 - Ran Off Road (noncollision)                         | 13 - Involving Animal (collision)   |
| 2 - Jackknife (noncollision)                            | 14 - Involving Fixed Object (collision)                                     |
| 3 - Overturn/Rollover (noncollision)                    | 18 - Cross Median/Centerline (noncollision)                                 |
| 4 - Downhill Runaway (noncollision)                     | 19 - Equipment Failure (noncollision)<br>(brake failure, blown tires, etc.) |
| 5 - Cargo Loss or Shift (noncollision)                  | 20 - Other (noncollision)   |
| 6 - Explosion of Fire (noncollision)                    | 21 - Unknown (noncollision)   |
| 7 - Separation of Units (noncollision)                  | 22 - With Work Zone Maintenance<br>Equipment (collision)                    |
| 8 - Involving Pedestrian (collision)                    | 23 - With Other Movable Object<br>(collision)                               |
| 9 - Involving Motor Vehicle in<br>Transport (collision) | 24 - With Unknown Movable Object<br>(collision)                             |
| 10 - Involving Parked Motor Vehicle                     |   |
| 11 - Involving Train (collision)                        |   |
| 12 - Involving Pedalcycle (collision)                   |   |

### **POLICE IDENTIFICATION INFORMATION**

**Officer's Rank and Signature** - the police officer that completes the report must sign it and identify his/her rank in this space.

**Print Name in Full** - the police officer must print his/her name.

**Badge/ID No.** - enter the Badge/Tax ID No. of the officer who completes the report.

**NCIC No.** - enter the **middle five positions** of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NY1234500, enter only 12345).

**Date of Report** - enter the date the report is completed.



**TRUCK and BUS SUPPLEMENTAL  
POLICE ACCIDENT REPORT**

MV-104S (8/14)

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

Local Codes  
6074339999  
SPIC10000037

**AMENDED REPORT**

<p><b>INSTRUCTIONS</b> You must complete this form:                  * IF at least one of the vehicles involved is:                  - a truck having a GVWR or GCWR &gt; 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</p>				<p><b>Number of:</b>                  1 Trucks having a GVWR or GCWR &gt; 10,000 lbs.                  1 Vehicles with a HazMat (HM) placard                  0 Buses designed to carry 9 or more persons</p>		<p><b>Number of Vehicles:</b>                  1 Towed/transported from scene due to damage  <b>Number of Persons:</b>                  1 Sustaining fatal injuries                  0 Transported for IMMEDIATE medical treatment</p>	
<p><b>ACCIDENT DATE</b>                  Mo. 05 Day 25 Year 06</p>		<p><b>MILITARY TIME</b> 2230</p>		<p><b>COUNTY</b> OTSE</p>		<p><b>CITY/TOWN/VILLAGE</b> ONEONTA</p>	
<p><b>DRIVER</b></p>	<p><b>DRIVER LICENSE ID #</b> 9178654312 STATE OF LIC. CA</p>						
	<p><b>DRIVER NAME</b> - exactly as printed on license (Last, First, M.I.) HAIGHT, W, RUSTY</p>						
<p><b>CARRIER</b></p>	<p><b>LICENSE CLASS</b>                  1 A 2 B 3 CDL C 4 D 5 DJ 6 E 7 M 8 MJ 9 OTHER 10 DL</p>						
	<p><b>DATE OF BIRTH</b> Mo. 06 Day 17 Year 50 <b>SEX</b> 1 Male 2 Female 1</p>						
<p><b>CARRIER NAME</b> CSI FUEL, INC.</p>							
<p><b>STREET OR P.O. BOX</b> P.O. Box 208 <b>CITY</b> PLANO <b>STATE</b> TX <b>ZIP CODE</b> 75075 <b>TOTAL AXLES</b> (Includes trailers) 5</p>							
<p><b>PLATE NUMBER</b> 54032</p>		<p><b>STATE OF REG.</b> TX</p>		<p><b>CARRIER IDENTIFICATION NUMBERS</b>                  US DOT 86311241 <b>MC/MX</b></p>			
<p><b>GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES</b>                  1 Less than or equal to 10,000 lbs.                  2 10,001 - 26,000 lbs. 3 More than 26,000 lbs.</p>		<p><b>VEHICLE IDENTIFICATION NUMBER</b> 1XKADR X5MS 5420661</p>					
<p><b>VEHICLE CONFIGURATION</b></p>	<p>1 Bus (seats 15+ people, including driver)                  2 Single-unit Truck (2-axle, 6-tire)                  3 Single-unit Truck (3 or more axles)                  4 Truck/Trailer                  5 Truck Tractor (bobtail)                  6 Tractor/Semi-trailer                  7 Tractor/Doubles</p>				<p>8 Motor/Triples                  9 Unknown Heavy Truck, cannot classify                  Passenger Car - only record when vehicle displays a Hazardous Material placard                  10 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard                  11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard                  12 Bus (seats for 9 - 15 people, including driver)</p>		
	<p><b>TRAFFIC WAY</b>                  1 Two-way, not divided                  2 Two-way, divided, unprotected median                  3 Two-way, divided, positive median barrier                  4 One-way not divided                  5 Not reported</p>						
<p><b>CARGO BODY TYPE</b></p>	<p>1 Bus (seats 15+ people, including driver)                  2 Van/Enclosed Box                  3 Cargo Tank                  4 Flatbed                  5 Dump                  6 Concrete Mixer                  7 Auto Transporter                  8 Garbage/Refuse                  9 Other                  10 Grain, Chips, Gravel</p>				<p>11 Pole                  12 Bus (seats 9-15 people, including driver)                  13 Not Applicable/No Cargo Body Type                  14 Intermodal Chassis                  15 Logging                  16 Vehicle Towing Another Motor Vehicle</p>		
	<p><b>ACCESS CONTROL</b>                  1 No Access Control                  2 Full Access Control                  4 Partial Access Control</p>						
<p><b>CARRIER TYPE</b></p>	<p>1 Intrastate Carrier                  2 Interstate Carrier</p>		<p>3 Not in Commerce (Other Truck/Bus over 10,000 lbs.)                  4 Not in Commerce - Government</p>		<p><b>BUS TYPE</b>                  1 Not a Bus                  2 School                  3 Transit                  4 Intercity                  5 Charter                  6 Other</p>		
	<p><b>HAZARDOUS MATERIALS INVOLVEMENT</b>                  Does vehicle have HazMat placard? 1 Yes 2 No</p>						
<p><b>COPY FROM PLACARD:</b>                  4-digit identification number from diamond/orange panel 1 or 2-digit number from bottom of diamond:                  11203 3</p>		<p><b>SEQUENCE OF EVENTS (FOR THIS VEHICLE)</b>                  1 Ran Off Road (noncollision)                  2 Jackknife (noncollision)                  3 Overturn/Rollover (noncollision)                  4 Downhill Runaway (noncollision)                  5 Cargo Loss or Shift (noncollision)                  6 Explosion or Fire (noncollision)                  7 Separation of Units (noncollision)                  8 Involving Pedestrian (collision)                  9 Involving Motor Vehicle in Transport (collision)                  10 Involving Parked Motor Vehicle (collision)                  11 Involving Train (collision)                  12 Involving Pedalcycle (collision)</p>					
<p><b>NAME OF HAZ MAT CLASS</b> FLAMMABLE LIQUID</p>		<p>13 Involving Animal (collision)                  14 Involving Fixed Object (collision)                  18 Cross Median/Centerline (noncollision)                  19 Equipment Failure (noncollision) (brake failure, blown tires, etc.)                  20 Other (noncollision)                  21 Unknown (noncollision)                  22 With Work Zone                  Maintenance Equipment (collision)                  23 With Other Movable Object (collision)                  24 With Unknown Movable Object (collision)</p>					
<p><b>WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)?</b>                  1 Yes 2 No</p>							
<p><b>OFFICER'S RANK AND SIGNATURE</b> TPR Jo Smith</p>		<p><b>BADGE/ID NO.</b> 10378</p>		<p><b>NCIC NO.</b> 13801</p>			
<p><b>PRINT NAME IN FULL</b> TROOPER JO SMITH</p>		<p><b>DATE OF REPORT</b> 05/26/06</p>					



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# **SECTION 4**

**Instructions for Completing**

## **EARLY NOTIFICATION OF A FATAL ACCIDENT**

**Form MV-104EN**

***AND***

## **POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS**

**Form MV-104D**

## FATAL CRASHES ONLY

### COMPLETING THE "EARLY NOTIFICATION OF A FATAL ACCIDENT", FORM MV-104EN

The National Highway Traffic Safety Administration (NHTSA) is implementing a new Early Notification Program for all Fatal Motor Vehicle Crashes, beginning on January 1, 2006 for all 2006 fatal crashes. This program will allow NHTSA to obtain preliminary fatal motor vehicle crash data in "real time". DMV is responsible for implementing the new Early Notification Program, collecting the data, entering it into the Fatality Analysis Reporting System (FARS) and transmitting it to NHTSA within specific timeframes.

In order to meet this new requirement, it is imperative that you submit basic information about fatal crashes to DMV within 24 hours of the crash date. The "Early Notification of a Fatal Accident", form MV-104EN, (see Appendix A) contains the required information that must be completed and **faxed to DMV within 24 hours for every fatal crash** that occurs in your jurisdiction. Exception: those agencies submitting TRACS data electronically to DMV must do so within 48 hours.

**Complete the MV-104EN as follows:**

#### ACCIDENT INFORMATION

**Date of Accident** - enter the 2-digit month, day and year.

**Time of Accident** - enter the time (military) that the crash occurred.

**Number of Fatalities** - enter the number of persons killed in the crash.

**County of Accident:**

- Enter the name of the county reported on the MV-104A (for example, Albany County is ALBA).
- Enter the name of the borough (Bronx, Kings, New York, Queens or Richmond) reported on the MV-104AN (NYC).

**Number of Vehicles Involved** - enter the number of vehicles involved in the crash.

**Number of Pedestrians or Bicyclists Involved**

**Was a Commercial Vehicle Involved?** - check the "Yes" or "No" box .

**Was Alcohol Involvement Suspected?** - check the "Yes" or "No" box .

#### DECEASED INFORMATION

**Name of Deceased** - enter the full name of the deceased person (last, first, middle initial)

**Date of Death** - enter the 2-digit month, day and year



INSTRUCTIONS:

This form must be completed and either faxed to (518) 474-7302 or emailed to NYSfatals@dmv.ny.gov within 24 hours from the date of every fatal accident that occurs in NYS. DMV is responsible for implementing this new Early Notification Program as part of our federal accident reporting requirements. Please remember to submit separately to DMV a completed accident report (the "Police Accident Report," form MV-104AN or form MV-104A) along with the "Police Report for Fatal Motor Vehicle Accidents," form MV-104D and, if applicable, the "Truck & Bus Supplemental Report," form MV-104S.

ACCIDENT INFORMATION:

Date of Accident	Time of Accident	Number of Fatalities	County of Accident
05/25/06	2230	1	OTSE
Number of Vehicles Involved	Number of Pedestrians or Bicyclist Involved	Was a Commercial Vehicle Involved?	Was Alcohol Involvement Suspected?
1	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DECEASED INFORMATION:

Name of Deceased	Date of Death
GALACIEWICZ, EUGENE, M	05/25/06

LAW ENFORCEMENT INFORMATION:

NCIC CODE:	LOCAL CODE:
PRECINCT: (NYC Only)	ACCIDENT NUMBER: (NYC Only)
REPORTING OFFICER'S NAME:	CONTACT TELEPHONE NUMBER:

## LAW ENFORCEMENT INFORMATION

**NCIC Code** - Enter the **middle five positions** of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NY1234500, enter only 12345).

**Local Code** - enter a case number, complaint number, or any other identifying information the police agency finds helpful.

**Precinct: (NYC Only)**

**Accident Number: (NYC Only)**

**Reporting Officer's Name**

**Contact Telephone Number**

Submission of this completed form by all enforcement agencies is critical to DMV in meeting this new federal responsibility. The MV-104EN can be ordered by using the "Enforcement Agency Forms Requisition", form MV-14P (see Appendix A).

**NOTE:** In addition, you must continue to submit the original completed "Police Accident Report" (MV-104A or MV-104AN) with the "Police Report For Fatal Motor Vehicle Accidents"(MV-104D), to DMV, as soon as possible.



INSTRUCTIONS:

This form must be completed and either faxed to (518) 474-7302 or emailed to NYSfatal@dmv.ny.gov within 24 hours from the date of every fatal accident that occurs in NYS. DMV is responsible for implementing this new Early Notification Program as part of our federal accident reporting requirements. Please remember to submit separately to DMV a completed accident report (the "Police Accident Report," form MV-104AN or form MV-104A) along with the "Police Report for Fatal Motor Vehicle Accidents," form MV-104D and, if applicable, the "Truck & Bus Supplemental Report," form MV-104S.

ACCIDENT INFORMATION:

Table with 4 columns: Date of Accident (05/25/06), Time of Accident (2230), Number of Fatalities (1), County of Accident (OTSE), Number of Vehicles Involved (1), Number of Pedestrians or Bicyclist Involved (1), Was a Commercial Vehicle Involved? (checked Yes), Was Alcohol Involvement Suspected? (checked No).

DECEASED INFORMATION:

Table with 2 columns: Name of Deceased (GALACIEWICZ, EUGENE, M), Date of Death (05/25/06).

LAW ENFORCEMENT INFORMATION:

Table with 2 columns: NCIC CODE (13801), LOCAL CODE (6074339999), PRECINCT (NYC Only), ACCIDENT NUMBER (NYC Only), REPORTING OFFICER'S NAME (TRP JO Smith), CONTACT TELEPHONE NUMBER (607-542-8789).

## COMPLETING THE "POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS", FORM MV-104D

The National Highway Traffic Safety Administration - Fatal Analysis Reporting System requires additional data when investigating a fatal crash. This data is to be collected during your investigation of ALL fatal motor vehicle crashes and reported to DMV Crash Records Center on form MV-104D, "Police Report for Fatal Motor Vehicle Accidents."

**Note: You must submit the fatal accident report (MV-104D) with the "Police Accident Report" (MV-104A or MV-104AN).**

Complete multiple copies of the MV-104D in the following situations and number the pages accordingly as stated on pg 6 of this manual:

- when more than one person in the motor vehicle crash is deceased; or
- if more than three vehicles are involved in a fatal crash.

**Complete the top portion of the MV-104D as follows:**

### ACCIDENT INFORMATION

#### Page Number

- The MV-104D should be consecutively numbered following the last numbered page of the "Police Accident Report" (MV-104A or MV-104AN).
- For example, if the original "Police Accident Report" (MV-104A) was numbered "Page 1 of 1", the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) would be numbered "Page 2 of Page 3" (for the first passenger who died, Robert D. Smith), and a second MV-104D would be numbered "Page 3 of Page 3" (for the second passenger who died, Joan A. Smith).

**Local Code** - enter a case number, complaint number, or any other identifying information the police agency finds helpful.

**Accident Date** - enter the 2-digit month, day and year.

**Military Time** - enter the time the crash occurred.

#### County

- Enter the name of the county reported on the MV-104A (for example, Albany Count is ALBA).
- Enter the name of the borough (Bronx, Kings, New York, Queens or Richmond) reported on the MV-104AN (NYC).

**City/Town/Village** - enter the name of the city, town or village

**No. Killed** - enter the number of persons killed in the crash.

**No. of Vehicles** - enter the number of vehicles involved in the crash.

**Work Related** - check the "Yes" box if the deceased individual involved in the crash was performing, or was in the process of performing, a job-related function.

### DECEASED INFORMATION

#### Name and Address of Deceased

- Enter the full name and address of the deceased person.
- If more than one person is deceased, complete a separate fatal accident report (MV-104D) and number the pages consecutively.



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

Page 3 of 3 Pages

Local Code 6074339999	Accident Date Month Day Yr. 05 25 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed	No. of Vehicles	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH)	Location (Route Number or Street Name)						
Estimated Speed:							
Vehicle 1	MPH	<input type="checkbox"/> Unknown	Vehicle 2	MPH	<input type="checkbox"/> Unknown	Vehicle 3	MPH <input type="checkbox"/> Unknown
Vehicle Model (for example, Mustang or Corvette):							
Vehicle 1	Vehicle 2			Vehicle 3			
Roadway Surface:							
<input type="checkbox"/> Concrete	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Slag	<input type="checkbox"/> Gravel	<input type="checkbox"/> Stone	<input type="checkbox"/> Other
No. of Lanes	Roadway Flow:						
	<input type="checkbox"/> One-way Traffic		<input type="checkbox"/> Divided highway, median strip		<input type="checkbox"/> Divided highway, guard rail		
	<input type="checkbox"/> Divided highway, other barrier or barrier type unknown					<input type="checkbox"/> Not divided	
EMERGENCY MEDICAL SERVICES*			HOSPITAL INFORMATION				
Time (Military):			If the victim was taken to a hospital outside of NYS, give the name, county and state of that hospital:				
Notified .....			If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:				
Arrived at Scene .....							
Arrived at Hospital .....							

OCCUPANT

Name	Deceased Yes/No	Time of Death	Extricated Yes/No*	Type of Extrication Equip. Used	Air Bags		Initial Point of Impact to Vehicle***
					Deployed Yes/No	Not in Vehicle	
VEHICLE 1 Driver							
Passenger							
Passenger							
VEHICLE 2 Driver							
Passenger							
Passenger							
VEHICLE 3 Driver							
Passenger							
Passenger							

\* 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	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat/Sector	Reviewing Officer	Date/Time Reviewed
	Print Name in Full						

## ACCIDENT DATA

**Speed Limit** - Enter the posted or statutory speed limit of the roadway.

**Location** - Enter the route number and the street name where the crash occurred, as reported on the MV-104A or MV-104AN.

### Estimated Speed

- Enter the estimated speed of each vehicle involved in the crash.
- If more than three vehicles are involved, complete an additional MV-104D to show the speed(s) of the additional vehicle(s). For example, if there were four vehicles involved in the crash, the additional MV-104D would show Vehicle 1 re-labeled as Vehicle 4, to record the estimated speed of the fourth vehicle.

### Vehicle Model

- Enter the model of each vehicle involved in the crash.
- If more than three vehicles are involved, complete an additional MV-104D to show the model(s) of the additional vehicle(s). For example, if there were four vehicles involved in the crash, the additional MV-104D would show "Vehicle 1" re-labeled as "Vehicle 4", to record the model of the fourth vehicle.

**Roadway Surface** - Check the appropriate box for the type of roadway surface at the scene of the crash.

**Number of Lanes** - Enter the number of travel lanes in the roadway.

**Roadway Flow** - Check the appropriate box to describe the roadway flow.

**Emergency Medical Services** (includes fire and private EMS services) - Enter the time at which emergency medical services were notified, arrived at the scene, and arrived at the hospital (if a coroner is present, do not enter any time).

### Hospital Information

- Enter the name, county and state, if the victim was taken to a hospital inside/outside NYS. DO NOT write "MORGUE".
- If a victim was transferred inside/outside NYS to another hospital (after the initial transportation), enter the name and county of the second hospital. For example, victim was transferred from Albany Medical Center Hospital to Westchester County, Memorial Hospital.

**Note:** In Column 18 (INJURED TAKEN TO) on forms MV-104A or MV-104AN, enter the four-digit hospital code for the hospital where the victim was transferred. If the victim was taken to a hospital outside NYS, enter the four-digit code of that state shown on the hospital list.



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

Page 3 of 3 Pages

Local Code 6074339999	Accident Date Month Day Yr. 05 25 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed	No. of Vehicles	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-88
Estimated Speed: Vehicle 1 ___ MPH <input checked="" type="checkbox"/> Unknown Vehicle 2 ___ MPH <input type="checkbox"/> Unknown Vehicle 3 ___ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 TRACTOR Vehicle 2 _____ Vehicle 3 _____	
Roadway Surface: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes 4	
Roadway Flow: <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not divided	
EMERGENCY MEDICAL SERVICES* Time (Military): Notified ..... 2232 Arrived at Scene ..... 2241 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: AO FOX HOSPITAL If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT

VEHICLE	Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags		Initial Point of Impact to Vehicle***
						Deployed Yes/No	Not in Vehicle	
1	Driver							
	Passenger							
	Passenger							
2	Driver							
	Passenger							
	Passenger							
3	Driver							
	Passenger							
	Passenger							

\* 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
--------------	--	--------------	----------	-----------------------------	-------------------------	----------------------	--------------------

## OCCUPANT

Complete the following information for up to three vehicles involved in the crash:

- Enter the names(s) of the driver and passenger(s) for each vehicle.
- Indicate whether the person in the vehicle is deceased. If the date of death is different than the date of the crash, enter the date of death in the Additional Information section.
  - ▶ The definition of a fatality is a death that occurs to a person because of injuries sustained in a crash. To be considered a fatal crash, the death must occur within thirty (30) 24-hour time periods from the time of the crash.
- Enter the time of death (military time)
- Enter if the victim had to be extracted from the vehicle.
- Enter the type of extrication equipment used (for example, "jaws of life")
- Indicate whether there were air bags in the vehicle and if the air bags were deployed.
- Indicate the first area of the vehicle that was impacted (for example, right front).

## ADDITIONAL INFORMATION

- Enter the name(s), address(es) and plate number(s) of the ambulance(s).
- Use this space to enter additional information about the crash, or to supplement the coded information.

## POLICE IDENTIFICATION INFORMATION

**Officer Completing the Report:**

- **Officer's Rank and Signature** - sign and identify his/her rank.
- **Print Name in Full** - the police officer must print his/her name.
- **Badge/ID No.** - enter the Badge/ID No. (MV-104A) or NYC Tax ID No. (MV-104AN).
- **NCIC No.** - enter the middle five positions of the NCIC/ORI Agency Identification Number, for the police agency (for example, for NY1234500, enter only 12345).
- **Precinct, Post Troop or Zone**, if applicable.
- **Station, Beat or Sector**, if applicable.

**Officer/Supervisor Reviewing the Report:**

- **Reviewing Officer** - enter his/her initials.
- **Date and Time Reviewed** - enter the date and military time that the officer reviews the report.



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

Page 3 of 3 Pages

Local Code 6074339999	Accident Date Month Day Yr. 05 25 06	Military Time 2230	County OTSE	City/Town/Village ONEONTA	No. Killed	No. of Vehicles	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased GALACIEWICZ, EUGENE, M 141 GREEN STREET, MILFORD, NY 13807							

ACCIDENT DATA

Speed Limit (MPH) 65	Location (Route Number or Street Name) I-88
Estimated Speed: Vehicle 1 ___ MPH <input checked="" type="checkbox"/> Unknown    Vehicle 2 ___ MPH <input type="checkbox"/> Unknown    Vehicle 3 ___ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 TRACTOR    Vehicle 2 _____    Vehicle 3 _____	
Roadway Surface: <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes    Roadway Flow: <input type="checkbox"/> One-way Traffic <input type="checkbox"/> Divided highway, median strip <input checked="" type="checkbox"/> Divided highway, guard rail <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Not divided	

EMERGENCY MEDICAL SERVICES* Time (Military): Notified ..... 2232 Arrived at Scene ..... 2241 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: AO FOX HOSPITAL If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital: -
--	--

OCCUPANT

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***
V Driver HAIGHT, W, RUSTY	N	-	N	-	N	-	CENTER FRONT
H Passenger MUIR, BRADLEY A	N	-	N	-	-	✓	CENTER FRONT
I Passenger							
C Passenger							
E 1							
V Driver PEDESTRIAN GALACIEWICZ, EUGENE	Y	2242	N	-	-	-	-
H Passenger							
I Passenger							
C 2							
E 3							

\* 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 TRP JO SMITH	Badge/ID No. 10378	NCIC No. 13801	Precinct/Post Troop/Zone C/1	Station/Beat/Sector ONEO	Reviewing Officer DLC	Date/Time Reviewed 05/26/06 1300
	Print Name in Full TRP JO SMITH						

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# **SECTION 5**

**Instructions for Amending**

**FORMS MV-104S and MV-104D**

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## HOW TO AMEND FORMS MV-104S and MV-104D

Whenever it is necessary to make changes to a "Bus and Truck Supplemental Police Accident Report" (MV-104S) or to a "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) previously submitted to DMV, it is necessary that the "Amended Report" **EXACTLY MATCH** the critical identifying information as shown in the **ORIGINAL** report, previously submitted, regardless if the information originally reported was incorrect.

Complete the "Amended Report," by providing the following information **EXACTLY** as shown in the **ORIGINAL** report, previously submitted:

- enter an "X" in the "Amended Report" box on the MV-104S; or write "Amended Report" at the top of the MV-104D;
- enter the original date and military time of the crash;
- enter ALL driver and registration information, as originally reported;
- enter the location and county where the crash originally occurred;
- enter the information that requires amending on the "Bus and Truck Supplemental Police Accident Report" (MV-104S) and describe the change(s) in the Accident Description/Officer's Notes section of the "Police Accident Report" (MV-104A or MV-104AN).
- enter the information that requires amending on the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) and describe the change(s) in the Additional Information section (MV-104D) or in the Accident Description/Officer's Notes section of the "Police Accident Report" (MV-104A or MV-104AN).

**NOTE:** The MV-104A or MV-104AN must be submitted with the amended MV-104S or MV-104D.

## HOW TO ORDER AND FILE FORM MV-104S OR MV-104D

- These forms are included in the back of the "Police Accident Report" (MV-104A) pads and may be ordered as a single sheet form on the "Enforcement Agency Forms Requisition", form MV-14P (see Appendix A).
- Staple the "Truck and Bus Supplemental Police Accident Report" (MV-104S) or the "Police Report For Fatal Motor Vehicle Accidents" (MV-104D) forms for a case to the associated "Police Accident Report" forms (MV-104A or MV-104AN). Submit the completed forms to the following address:

NYS Department of Motor Vehicles  
Crash Records Center  
PO Box 2084  
Albany NY 12220-2084

New York State Department of Motor Vehicles  
POLICE ACCIDENT REPORT  
MV-104A (9/17)

SUBMIT ORIGINAL  
MV-104A OR MV-104AN  
WITH AMENDED  
MV-104S OR MV-104D

Local Codes  
6074339999  
SPIC1DD06037

AMENDED REPORT

1	Accident Date Month: 05, Day: 25, Year: 06	Day of Week TH	Military Time 2230	No. of Vehicles 1	No. Injured 1	No. Killed 1	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	-------------------	-----------------------	----------------------	------------------	-----------------	--	-------------------------------------	--

2	VEHICLE 1 License ID Number: 978 654 312 Driver Name: HAIGHT, W, RUSTY Address: 3248 HOLLYWOOD BLVD City/Town: SAN DIEGO, State: CA, Zip Code: 92199				VEHICLE 2 License ID Number: 007 321 456 Driver Name: GALACIEWICZ, EUGENE, M Address: 141 GREEN STREET City/Town: MILFORD, State: NY, Zip Code: 13807			
---	--	--	--	--	---	--	--	--

3	Date of Birth: 06/17/50, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 2, Public Property Damaged: <input checked="" type="checkbox"/>	Date of Birth: 07/29/29, Sex: M, Unlicensed: <input type="checkbox"/> No. of Occupants: 1, Public Property Damaged: <input type="checkbox"/>
4	Name: CSI FUEL, INC., Sex: -, Date of Birth: - Address: P.O. BOX 208, City/Town: PLANO, State: TX, Zip Code: 75075	Name: -, Sex: -, Date of Birth: - Address: -, City/Town: -, State: -, Zip Code: -

5	Plate Number: 54032, State of Reg: TX, Vehicle Year & Make: 2005 MACK, Vehicle Type: I2	Plate Number: -, State of Reg: -, Vehicle Year & Make: -, Vehicle Type: -
---	---	---

6	Ticket/Arrest Number(s): Violation Section(s):	Ticket/Arrest Number(s): Violation Section(s):
---	---	---

7	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
---	--	--	--

7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact: 1, 2 Box 2 - Most Damage: 3, 4, 5	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 15. POLISHED 16. TRAILER 17. NO DAMAGE 18. OVERTURNED 19. OTHER	ACCIDENT DIAGRAM 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---	--	---

29	Reference Marker: [ ] Coordinates (if available): Latitude/Northing: [ ] Longitude/Easting: [ ]	Place Where Accident Occurred: County: OTSE, City: [ ], Village: [ ], Town: ONEONTA Road on which accident occurred: I-88 at 1) intersecting street: [ ] or 2) 0.2 Miles NE of EXIT 15
----	--	--

Accident Description/Officer's Notes  
DOG WAS HIT WHEN VEHICLE 1 STRUCK PEDESTRIAN

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only
A															
B															
C															
D															
E															
F															

Officer's Rank and Signature: TROOPER JO SMITH Print Name in Full: TROOPER JO SMITH	Badge/ID No.: 10378	NCIC No.: 13801	Precinct/Post Troop/Zone: C/1	Station/Beat/Sector: ONEO	Reviewing Officer: DLC	Date/Time Reviewed: 05/26/06 1300
--	---------------------	-----------------	-------------------------------	---------------------------	------------------------	-----------------------------------



# TRUCK and BUS SUPPLEMENTAL POLICE ACCIDENT REPORT

MV-104S (8/14)

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

Local Codes  
6074339999  
SPIC10000037

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:

1 Trucks having a GVWR or GCWR > 10,000 lbs.

1 Vehicles with a HazMat (HM) placard

0 Buses designed to carry 9 or more persons

Number of Vehicles:

1 Towed/transported from scene due to damage

Number of Persons:

1 Sustaining fatal injuries

0 Transported for IMMEDIATE medical treatment

ACCIDENT DATE: Mo. 05 Day 25 Year 06 MILITARY TIME 2230 COUNTY OTSE CITY/TOWN/VILLAGE ONEONTA

DRIVER LICENSE ID # 917816543112 STATE OF LIC. CA  
DRIVER NAME - exactly as printed on license (Last, First, M.I.)  
HAIGHT, W, RUSTY

LICENSE CLASS: 1 A, 2 B, 3 CDL C, 4 D, 5 DJ, 6 E, 7 M, 8 MJ, 9 OTHER, 10 DM  
DATE OF BIRTH: Mo. 06 Day 17 Year 50  
SEX: 1 Male, 2 Female

CARRIER NAME: CSI FUEL, INC.  
STREET OR P.O. BOX: PO. Box 208 CITY: PLANO STATE: TX ZIP CODE: 75075 TOTAL AXLES: 5  
PLATE NUMBER: 54032 STATE OF REG.: TX CARRIER'S IDENTIFICATION NUMBERS: 91781654311241 MC/MX

GVWR FOR SINGLE UNIT/GCWR FOR COMBO VEHICLES: 1 Less than or equal to 10,000 lbs., 2 10,001 - 26,000 lbs., 3 More than 26,000 lbs.  
VEHICLE IDENTIFICATION NUMBER

VEHICLE CONFIGURATION: 1 Bus (seats 15 + people, including driver), 2 Single-unit Truck (2-axle, 6-tire), 3 Single-unit Truck (3 or more axles), 4 Truck/Trailer, 5 Truck Tractor (bobtail), 6 Tractor/Semi-trailer, 7 Tractor/Doubles, 8 Tractor/Triples, 9 Unknown Heavy Truck, cannot classify, 10 Passenger Car - only record when vehicle displays a Hazardous Material placard, 11 Light truck (van, mini-van, panel, pickup, sport utility vehicle) only record when vehicle displays an HM placard, 12 Bus (seats for 9 - 15 people, including driver)

TRAFFIC WAY: 1 Two-way, not divided, 2 Two-way, divided, unprotected median, 3 Two-way, divided, positive median barrier, 4 One-way not divided, 5 Not reported

CARGO BODY TYPE: 1 Bus (seats 15+ people, including driver), 2 Van/Enclosed Box, 3 Cargo Tank, 4 Flatbed, 5 Dump, 6 Concrete Mixer, 7 Auto Transporter, 8 Garbage/Refuse, 9 Other, 10 Grain, Chips, Gravel, 11 Pole, 12 Bus (seats 9-15 people, including driver), 13 Not Applicable/No Cargo Body Type, 14 Intermodal Chassis, 15 Logging, 16 Vehicle Towing Another Motor Vehicle

ACCESS CONTROL: 1 No Access Control, 2 Full Access Control, 4 Partial Access Control

CARRIER TYPE: 1 Intrastate Carrier, 2 Interstate Carrier, 3 Not in Commerce (Other Truck/Bus over 10,000 lbs.), 4 Not in Commerce - Government  
BUS TYPE: 1 Not a Bus, 2 School, 3 Transit, 4 Intercity, 5 Charter, 6 Other

HAZARDOUS MATERIALS INVOLVEMENT: Does vehicle have HazMat placard? 1 Yes 2 No  
COPY FROM PLACARD: 4-digit identification number from diamond/orange panel, 1 or 2-digit number from bottom of diamond:  
NAME OF HAZ MAT CLASS:  
WAS HAZARDOUS CARGO RELEASED FROM VEHICLE (other than fuel from fuel tank)? 1 Yes 2 No

SEQUENCE OF EVENTS (FOR THIS VEHICLE): 1 Ran Off Road (noncollision), 2 Jackknife (noncollision), 3 Overturn/Rollover (noncollision), 4 Downhill Runaway (noncollision), 5 Cargo Loss or Shift (noncollision), 6 Explosion or Fire (noncollision), 7 Separation of Units (noncollision), 8 Involving Pedestrian (collision), 9 Involving Motor Vehicle in Transport (collision), 10 Involving Parked Motor Vehicle (collision), 11 Involving Train (collision), 12 Involving Pedalcycle (collision), 13 Involving Animal (collision), 14 Involving Fixed Object (collision), 18 Cross Median/Centerline (noncollision), 19 Equipment Failure (noncollision) (brake failure, blown tires, etc.), 20 Other (noncollision), 21 Unknown (noncollision), 22 With Work Zone Maintenance Equipment (collision), 23 With Other Movable Object (collision), 24 With Unknown Movable Object (collision)

OFFICER'S RANK AND SIGNATURE: TPR Jo Smith  
PRINT NAME IN FULL: TROOPER JO SMITH  
BADGE/ID NO.: 10378  
NCIC NO.: 13801  
DATE OF REPORT: 15/26/06



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# **SECTION 6**

**Instructions for Completing**

## **REPORT OF MOTOR VEHICLE ACCIDENT POLICE LINE OF DUTY ACCIDENT**

**Form MV-104L**

## REPORTING LINE OF DUTY CRASHES

Operators/owners of police vehicles must notify DMV of on-duty crashes by filing a "Report of Motor Vehicle Accident" (MV-104), **or** by submitting a "Police Line of Duty Accident" (MV-104L) and a "Police Accident Report" (MV104A or MV-104AN). Form MV-104L is **NOT** acceptable by itself.

### COMPLETING THE "REPORT OF MOTOR VEHICLE ACCIDENT POLICE LINE OF DUTY ACCIDENT", FORM MV-104L

Enter the following information:

**Page number** - the MV-104L should be consecutively numbered following the last numbered page of the MV-104A or MV-104AN.

**Precinct** - NYC only

**Local Accident Number** - enter a case number; complaint number, or any other identifying information the police agency finds helpful.

**Accident Date** - enter the 2-digit month, day and year

**Accident Time** - enter the military time of the crash

#### County

- enter the name of the county reported on the MV-104A
- enter the name of the borough (Bronx, Kings, New York, Queens or Richmond) reported on the MV-104AN

#### Names of Drivers (Vehicles 1 - 6)

**Last, First, MI** - enter the driver's name exactly as shown on the license document.

**State of Veh. Reg.** - abbreviate the state or province where the vehicle is registered (see Appendix B).

**Plate Number** - enter the registration plate number of the vehicle involved in the crash.

**Driver License State** - abbreviate the state or province that issued the driver license (see Appendix B).

**Driver License Number** - print the number from the license document.

**Vehicle Number** - enter the Vehicle Number for this report (1-6).



Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT  
POLICE LINE OF DUTY ACCIDENT

AMENDED REPORT

Page 2 of 2 Pages

Precinct	078
Local Accident Number	3454

**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
09 / 01 / 06 Month Day Year	In Military 0015 Time	BRONX

**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"/>	BAILEY	WILLIAM		NY	1234PD	NY	112343211
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 #

## ENFORCEMENT OFFICER INFORMATION

**Date** - date officer completed this report

**Signature of Owner of Police Vehicle/Police Agency Representative**

**NCIC #** - enter the middle five positions of the NCIC

**Identifying the crash as an “emergency operation”:**

To help DMV staff know that a crash was “emergency operation” related, the police personnel completing the police accident report should use the following text when describing the crash:

**“The crash occurred in a police vehicle owned/operated by (fill in the name of the police agency) while responding to an emergency.”**

- If the MV-104, “Report of a Motor Vehicle Accident”, is being used to file the report, the above text should be printed in Section 4, after “*How did this accident happen?*”
- If the MV-104L, “Report of Motor Vehicle Accident Police Line of Duty Accident”, is being used, the above text should be printed in the “Accident Description/Officer’s Notes” section of the MV-104A or MV-104AN. The MV-104A or MV-104AN must be submitted with the MV-104L.

**"The crash occurred in a police vehicle owned/operated by (fill in the name of the police agency) while responding to an emergency."**

**Note:** DMV will not display reportable motor vehicle crashes on the license abstract of a police officer who was involved in a reportable motor vehicle crash while operating a police vehicle during an "emergency operation" as defined by Section 114-b of the Vehicle & Traffic Law.

An "emergency operation" crash will be displayed on the license abstract if the operator of the police vehicle has been charged with a violation of the Vehicle and Traffic Law or Penal Law, or if a court of law finds the operator to have been grossly negligent when the crash occurred. The crash will remain on the operator's record unless the commissioner receives evidence that the charge has been dismissed or that the charge or action against the defendant operator has been dismissed or adjudicated in his or her favor.



Department of Motor Vehicles

REPORT OF MOTOR VEHICLE ACCIDENT  
POLICE LINE OF DUTY ACCIDENT

AMENDED REPORT

Page 2 of 2 Pages

Precinct	078
Local Accident Number	3456

**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
09 / 01 / 06 Month Day Year	In Military 0015 Time	BRONX

**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"/>	BAILEY	William	M	NY	1234PD	NY	112343211
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) 1

Date	Signature of Owner of Police Vehicle/Police Agency Representative	NCIC #
09/01/06	William Bailey	03030

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## **APPENDICES**

**A - “Enforcement Agency Forms Requisition” Form MV-14P**

**B - State/Canadian Province Abbreviations**

**C - Vehicle Type**

**D - Carrier Type Definitions**

# APPENDIX A



**Department of  
Motor Vehicles**

## ENFORCEMENT AGENCY FORMS REQUISITION

dmv.ny.gov

Please print all information.

Date: \_\_\_\_\_

Agency Name	County	NCIC/ORI No.	
Street Address	City or Town	State	Zip Code
TSLE&D Data Entry Site		Phone #	

Circle the appropriate form number and enter the number of forms you need under "QUANTITY."

FORM NUMBER	NAME OF FORM	QUANTITY
AA-134	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST	
AA-134A	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST (Under Age 21, Section 1194-a)	
AA-134V	REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST-VESSEL/SNOWMOBILE	
AA-137A	NOTICE OF CHEMICAL TEST REFUSAL HEARING (Under Age 21, Section 1194-a)*	
AA-137A.1	NOTICE OF HEARING/OPER. MV AFTER CONSUMING ALCOHOL (Under Age 21, Section 1194-a)*	
DS-5	POLICE AGENCY REQUEST FOR DRIVER REVIEW	
MV-14P	ENFORCEMENT AGENCY FORMS REQUISITION	
MV-54.1	POLICE GUIDE TO VEHICLE & TRAFFIC LAW	
MV-78B	REPORT OF LOST, STOLEN OR CONFISCATED MOTOR VEHICLE ITEMS (PADS)	
MV-104	REPORT OF MOTOR VEHICLE ACCIDENT (MOTORIST FORM)	
MV-104A	POLICE ACCIDENT REPORT	
MV-104AN	POLICE ACCIDENT REPORT (NYC)	
MV-104C	BICYCLE ACCIDENT REPORT	
MV-104D	POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS	
MV-104EN	EARLY NOTIFICATION OF A FATAL ACCIDENT	
MV-104L	REPORT OF MOTOR VEHICLE ACCIDENT/POLICE LINE OF DUTY ACCIDENT	
MV-104S	TRUCK AND BUS SUPPLEMENTAL POLICE ACCIDENT REPORT	
MV-316	PRE-ADDRESSED ENVELOPES FOR TSLE&D DATA ENTRY SITE	
P-33	POLICE CRASH REPORT SUBMISSION INSTRUCTIONS	Web only, no print
UT-50	TRAFFIC TICKET (TSLED)	
UT-60	TRAFFIC TICKET (TVB)	
UT-4	ENFORCEMENT AGENCY TICKET TRANSMITTAL	
UT-8	REPORT OF LOST OR VOIDED TICKETS	
UT-19	DUPLICATE ARREST RECORD	

\*Waivers are on the back of forms AA-137A and AA-137A.1.

**Mail this requisition to:**  
 NYS Department of Motor Vehicles  
 TSLE&D Program  
 6 Empire State Plaza, Room 424E  
 Albany NY 12228

**For Faster Service:**  
 Fax to TSLE&D Supply at (518) 486-6409  
**OR**  
 Send an E-mail to [tsledsupply@dmv.ny.gov](mailto:tsledsupply@dmv.ny.gov)

## APPENDIX B

### STATE ABBREVIATIONS

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NB
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Guam	GU	Oregon	OR
Hawaii	HI	Pennsylvania	PA
Idaho	ID	Puerto Rico	PR
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virgin Islands	VI
Massachusetts	MA	Virginia	VA
Michigan	MI	Washington	WA
Minnesota	MN	West Virginia	WV
Mississippi	MS	Wisconsin	WI
Missouri	MO	Wyoming	WY

### PROVINCE ABBREVIATIONS

Alberta	AB	Nova Scotia	NS
British Columbia	BC	British Columbia	BC
Manitoba	MB	Ontario	ON
New Brunswick	NB	Prince Edward Is.	PE
Newfoundland	NF	Quebec	PQ
Northwest Territories	NT	Saskatchewan	SK
		Yukon Territories	YT
Mexico	MX		

# APPENDIX C

## VEHICLE TYPE

The following table identifies the codes that should be entered on the “Police Accident Report” (MV-104A and MV-104AN) in the “Vehicle Type” box for most buses and trucks. These codes apply to all buses except school buses, light trucks, vans, mini-vans, SUVs, and all trucks, except pickup trucks, or if the vehicle displays a HazMat placard.

For example, a crash which involved a flat bed truck with two axles on the tractor and two on the tractor and two on the trailer, would be coded “G3”; a New York City transit authority bus would be coded “A”.

Ensure that the appropriate box(es) is checked if the vehicle is authorized by the NYS Department of Transportation for **oversize** (height and/or width load) and **overweight load operation**.

		(1) BOX	(2) TANK	(3) PLATFORM
				
NUMBER OF AXLES	C  2 Axle Single Unit	C1	C2	C3
	D  3 Axle Single Unit	D1	D2	D3
	E  4 Axle Single Unit	E1	E2	E3
	F  1 Axle Trailer, 2 Axle Tractor	F1	F2	F3
	G  2 Axle Trailer, 2 Axle Tractor	G1	G2	G3
	H  3 Axle Trailer, 3 Axle Tractor	H1	H2	H3
	I  2 Axle Trailer, 3 Axle Tractor	I1	I2	I3
	J  3 Axle Trailer, 3 Axle Tractor	J1	J2	J3
	K  2 Axle Trailer, 3 Axle Truck	K1	K2	K3
	L  Semi & Trailer, Tractor 3 Axle (Double)	L1	L2	L3
	M  Other Combinations	M1	M2	M3
BUSES	A TRANSIT BUS	A	A	A
	B OVER-THE ROAD COACH	B	B	B

## APPENDIX D

### CARRIER TYPE DEFINITIONS

**Intrastate Carrier** - If the Carrier's operating authority is restricted to commerce where the transit between the points of origin and termination occurs entirely within the borders of the state of origin.

**Interstate Carrier** - If the responsible Carrier's operating authority is where transit between the points of origin and termination does not occur entirely within the borders of the state of origin. If the cargo originates outside of NY and the Carrier is transporting the cargo within the NYS boundaries, then that carrier still needs to be an Interstate Carrier. Interstate operating authority allows legal trade, traffic or transportation of property across state lines.

- a. Example: A trailer is dropped off in NYC with cargo that originated in NJ. Another Carrier picks up the trailer in NYC and drives the trailer to Buffalo for its final destination. This carrier must be an Interstate Carrier.

**Not in Commerce** - (Other truck or Bus over 10,000lbs) - This selection is used for personal rental vehicles (U-Haul, Penske, Ryder, etc.) over 10,000 lbs. GVWR/GCWR operated by a private individual for non-commercial purposes (e.g., transporting personal household furnishings to a new home).

**Not in Commerce - Government** - This selection is used when an Interstate or Intrastate "commerce" authority classification for this carrier does not apply and it is a government-owned vehicle, whether operated by local, state or federal government. (e.g., county-owned school buses, city-owned transit buses, fire trucks, military vehicles, state-owned highway maintenance truck, etc.)



## **DEPARTMENT OF MOTOR VEHICLES**

**Crash Records Center**

**6 Empire State Plaza - Room 318**

**Albany NY 12228**