

ACCIDENT REPORT FOR SCHOOL VEHICLES
TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS IN SECTION A ON PAGE 6 Page _____ of _____

Accident Date Month Day Year		Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Number of Vehicles	Left Scene <input type="checkbox"/>	Did police investigate accident at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Police Agency	1																								
DRIVER OF VEHICLE 1					<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> OTHER PEDESTRIAN																											
1 DRIVER	Driver License ID Number		State of License		Driver License ID Number		State of License																									
	Last Name of Driver 1		First Name		M.I.		Last Name of Driver 2		First Name		M.I.		2																			
	Mailing Address (Include Number & Street)				Apt. No.				Mailing Address (Include Number & Street)				Apt. No.																			
	City or Town				State				Zip Code				City or Town				State				Zip Code											
	Date of Birth Month Day Year				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				No. of Occupants				Date of Birth Month Day Year				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				No. of Occupants											
2 REGISTRANT	Name - exactly as printed on registration				Date of Birth Month Day Year				Sex				Name - exactly as printed on registration				Date of Birth Month Day Year				Sex				3							
	Mailing Address (Include Number & Street)				Apt. No.				Mailing Address (Include Number & Street)				Apt. No.																			
	City or Town				State				Zip Code				City or Town				State				Zip Code											
	Plate Number				State of Reg.				Vehicle Year & Make				Vehicle Type				Plate Number				State of Reg.				Vehicle Year & Make				Vehicle Type			
3 SCHOOL/VEHICLE	Public School District Name				Private School System Name				Bus Driver: <input type="checkbox"/> Regular <input type="checkbox"/> Sub				Bus Capacity				How many people were standing on the bus?				5											
									# of Years of Experience Driving School Bus _____												6											
4 VEHICLE DAMAGE	Describe damage to Vehicle 1				Enter the diagram number from below that describes the accident; or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1. ACCIDENT DIAGRAM				Describe damage to Vehicle 2								7															
	Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500								Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500																							
	1.				3.				5.				7.				23															
	2.				0.				6.				8.				24															
																	25															
5 ACCIDENT LOCATION	County of Accident				<input type="checkbox"/> City <input type="checkbox"/> Town of <input type="checkbox"/> Village				Nearest Intersecting Route/Street								26															
	Route No. or Street Name								<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W of <input type="checkbox"/> At Intersection With				Route No. or Street Name				27															
6 INSURANCE												Accident Description (Give your own version)								28												
Identify Damaged Property Other Than Vehicle(s)																																
Name of Insurance Company Which Issued Policy												Policy Number																				
Name and Address of Policyholder												Policy Period From To								29												
If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.												Name and Address of Permit Holder																				
VIN												If Self-Insured, give Certificate No.				and State				30												
Date												Print Name of Driver (or Representative*) of Vehicle 1				Signature of Driver (or Representative*) of Vehicle 1																

* A representative may sign for the driver if the driver is unable to sign because of injury or death. If you are signing as the driver's representative, check the box that describes why the driver cannot sign.

☐ Injury
☐ Death

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1 DRIVER	Driver License ID Number		State of License		Driver License ID Number		State of License																		
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	Mailing Address (Include Number & Street)				Apt. No.				Mailing Address (Include Number & Street)				Apt. No.												
	City or Town				State				Zip Code				City or Town				State				Zip Code				
	Date of Birth Month _____ Day _____ Year _____				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				No. of Occupants				Date of Birth Month _____ Day _____ Year _____				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X				No. of Occupants				
2 REGISTRANT	Name - exactly as printed on registration				Date of Birth Month _____ Day _____ Year _____				Sex				Name - exactly as printed on registration				Date of Birth Month _____ Day _____ Year _____				Sex				3
	Mailing Address (Include Number & Street)				Apt. No.				Mailing Address (Include Number & Street)				Apt. No.												
	City or Town				State				Zip Code				City or Town				State				Zip Code				
	Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		4								
3 SCHOOL/VEHICLE	Public School District Name		Private School System Name		Bus Driver: <input type="checkbox"/> Regular <input type="checkbox"/> Sub		Bus Capacity		How many people were standing on the bus?		5														
					# of Years of Experience Driving School Bus _____						6														
4 VEHICLE DAMAGE	Describe damage to Vehicle 1		Enter the diagram number from below that describes the accident; or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1. ACCIDENT DIAGRAM				Describe damage to Vehicle 2				7														
	Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500						Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500																		
	1.		3.		Right Angle		5.		7.		23														
	2.		0.		4.		6.		8.		24														
											25														
5 ACCIDENT LOCATION	County of Accident		<input type="checkbox"/> City <input type="checkbox"/> Town of <input type="checkbox"/> Village		Nearest Intersecting Route/Street				26																
	Route No. or Street Name				Route No. or Street Name				27																
Accident Description (Give your own version)										28															
6 INSURANCE	Identify Damaged Property Other Than Vehicle(s)									29															
	Name of Insurance Company Which Issued Policy						Policy Number																		
	Name and Address of Policyholder						Policy Period From _____ To _____																		
	If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.						Name and Address of Permit Holder																		
VIN				If Self-Insured, give Certificate No.				and State		30															
Date		Print Name of Driver (or Representative*) of Vehicle 1				Signature of Driver (or Representative*) of Vehicle 1																			

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	Driver License ID Number		State of License		Driver License ID Number		State of License		
	Last Name of Driver 1		First Name		Last Name of Driver 2		First Name		
	M.I.		M.I.		M.I.		M.I.		
	Mailing Address (Include Number & Street)				Apt. No.				
City or Town				State		Zip Code			
Date of Birth Month _____ Day _____ Year _____				<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		No. of Occupants _____			
REGISTRANT	Name - exactly as printed on registration				Date of Birth Month _____ Day _____ Year _____		Sex _____		
	Mailing Address (Include Number & Street)				Apt. No.				
	City or Town				State		Zip Code		
	Plate Number		State of Reg.		Vehicle Year & Make		Vehicle Type		
	Public School District Name				Private School System Name		Bus Driver: <input type="checkbox"/> Regular <input type="checkbox"/> Sub # of Years of Experience Driving School Bus _____ Training: <input type="checkbox"/> Basic <input type="checkbox"/> Advanced		
VEHICLE DAMAGE	Describe damage to Vehicle 1		Enter the diagram number from below that describes the accident; or draw your own diagram in the space provided (9). Number the vehicles. Your vehicle is No. 1. ACCIDENT DIAGRAM				Describe damage to Vehicle 2		
	Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500		Rear End Left Turn Right Angle Right Turn Head On 1. 3. 5. 7.				Estimated Cost of Repairs <input type="checkbox"/> \$1001 to \$1500 <input type="checkbox"/> \$1501 to \$2000 <input type="checkbox"/> \$2001 to \$2500 <input type="checkbox"/> Over \$2500		
	Sideswipe (same direction) 2.		Left Turn Right Turn Sideswipe (opposite direction) 0. 4. 6. 8.						
ACCIDENT LOCATION	County of Accident		<input type="checkbox"/> City <input type="checkbox"/> Town of <input type="checkbox"/> Village		Nearest Intersecting Route/Street				
	Route No. or Street Name		_____		<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W of <input type="checkbox"/> At Intersection With		Route No. or Street Name		
Accident Description (Give your own version)									
INSURANCE	Identify Damaged Property Other Than Vehicle(s)								
	Name of Insurance Company Which Issued Policy						Policy Number		
	Name and Address of Policyholder						Policy Period From _____ To _____		
	If Vehicle was Operated Under Permit of ICC or NYS DOT, Give No.				Name and Address of Permit Holder				
	VIN				If Self-Insured, give Certificate No.		and State		
Date		Print Name of Driver (or Representative*) of Vehicle 1			Signature of Driver (or Representative*) of Vehicle 1				

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			<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;">Rear End 1. </div><div style="width: 50%;">Left Turn 3. </div><div style="width: 50%;">Right Angle 4. </div><div style="width: 50%;">Right Turn 5. </div><div style="width: 50%;">Head On 7. </div><div style="width: 50%;">Sideswipe (same direction) 2. </div><div style="width: 50%;">Left Turn 0. </div><div style="width: 50%;">Right Turn 6. </div><div style="width: 50%;">Sideswipe (opposite direction) 8. </div></div>								24					
															25	
		9. _____														
ACCIDENT LOCATION	County of Accident		<input type="checkbox"/> City <input type="checkbox"/> Town of <input type="checkbox"/> Village		Nearest Intersecting Route/Street							26				
	Route No. or Street Name				<input type="checkbox"/> Miles <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> W of <input type="checkbox"/> At Intersection With		Route No. or Street Name					27				
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VIN						If Self-Insured, give Certificate No.				and State		30				
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☐ Death

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7

ALL PERSONS INJURED OR KILLED (SEE INSTRUCTION 7 ON PAGE 6)

INJURY SECTION

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

[illegible]

NOTE: If more people were involved, use form MV-104F.1, CONTINUATION SHEET

RESET / CLEAR

SECTION A

You must report within 10 days any accident occurring in New York State causing death, personal injury or damage over \$1000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed.

Fill in the 15 boxes to the right by entering the number of the item which best describes the circumstances of the accident. If a question does not apply, enter a dash (-). If an answer is unknown, enter an "X".

*Don't fold this internet form. Instead, place page 6 over page 1, with the arrows on page 6 pointing to the boxes on the right edge of page 1.

VEHICLE INVOLVEMENT - If you were in an accident involving:

- **two-cars**, enter your information in the **VEHICLE 1** section and the other driver's information in the **VEHICLE 2** section.
- **a pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for **VEHICLE 2** and check the appropriate box.
- **a vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, trail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for **VEHICLE 2**.
- **an unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the **VEHICLE 2** block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked **VEHICLE 1** and mark it # 3. Use the space marked **VEHICLE 2** for the fourth vehicle, and mark it # 4 and so on. Additional forms are available at any Motor Vehicles office.

- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on the driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 SCHOOL/VEHICLE** - Enter the name of the school and information about the vehicle involved in the accident.
- 4 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 5 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street.
- 6 INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. **THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS THE DRIVER IS UNABLE TO SIGN BECAUSE THE DRIVER IS INJURED OR DECEASED.** **SEND THE REPORT AS FOLLOWS:**

Copy 1: NYS Dept. of Motor Vehicles, Crash Records Center, 6 Empire State Plaza, PO Box 2925, Albany, NY 12220-0925

Copy 2: NYS Education Department, Office of Educational/Management Services, Public Transportation Unit, Room 876 EBA, 89 Washington Avenue, Albany NY 12234.

Copy 3: NYS Dept. of Transportation, Bus Safety Section POD53, 50 Wolf Road, Albany, NY 12232

Copy 4: Keep for school records.

- 7 ALL PERSONS INJURED OR KILLED** - List the names of all persons injured or killed in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than five people are injured or killed, complete form MV-104F.1, Continuation Sheet. In the ALL PERSONS INJURED OR KILLED section of that form, provide the required information for everyone else who was injured or killed in the accident. Enter the following codes in the appropriate columns:

SAFETY EQUIPMENT USED

- | | | |
|-----------------------------|--|--------------------------|
| 1. None | 8. Air Bag Deployed/Lap Belt | In-Line Skater/Bicyclist |
| 2. Lap Belt | 9. Air Bag Deployed/Shoulder Restraint | |
| 3. Shoulder Restraint | A. Air Bag Deployed/Lap Belt/Restraint | C. Helmet Only |
| 4. Lap Belt Restraint | B. Air Bag Deployed/Child Restraint | D. Helmet/Other |
| 5. Child Restraint Only | O. Other | E. Pads Only |
| 6. Helmet (Motorcycle Only) | | F. Stoppers Only |
| 7. Air Bag Deployed | | |

SEATED/STANDING CODES

D - Person was seated in the bus. E - Person was standing in the bus.

INJURY - Check all column(s) that apply and DESCRIBE INJURIES:

A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.

B - Lump on head, abrasions, minor lacerations.

C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

SECTION B

USE TO COMPLETE
BOXES 1-7 and 23-30 ON PAGE 1

Be sure your
answers are marked
INSIDE THE
BOXES ON
PAGE 1

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 Along Highway With Traffic
6. Riding/Walking 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 | 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 | |

LIGHT CONDITIONS

- | | | |
|-------------|----------------------|--------------------------|
| 1. Daylight | 3. Dusk | 5. Dark Road Not Lighted |
| 2. Dawn | 4. Dark-Road Lighted | |

ROADWAY CHARACTER

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

ROADWAY SURFACE CONDITION

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

WEATHER

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

DIRECTION OF TRAVEL

- | | |
|--------------|--------------|
| 1. North | 5. South |
| 2. Northeast | 6. Southwest |
| 3. East | 7. West |
| 4. Southeast | 8. Northwest |

PRE-ACCIDENT VEHICLE ACTION

- | | |
|-----------------------------|--------------------------------|
| 1. Going Straight Ahead | 11. Avoiding Object in Roadway |
| 2. Making Right Turn | 12. Changing Lanes |
| 3. Making Left Turn | 13. Overtaking |
| 4. Making U turn | 14. Merging |
| 5. Starting from Parking | 15. Backing |
| 6. Starting in Traffic | 16. Making Right Turn on Red |
| 7. Slowing or Stopping | 17. Making Left Turn on Red |
| 8. Stopped in Traffic | 18. Police Pursuit |
| 9. Entering Parked Position | 20. Other* |
| 10. Parked | |

LOCATION OF FIRST EVENT

- | | |
|---------------|----------------|
| 1. On Roadway | 2. Off Roadway |
|---------------|----------------|

TYPE OF ACCIDENT

COLLISION WITH

- | | |
|------------------------|-------------------------------|
| 1. Other Motor Vehicle | 6. In-Line Skater |
| 2. Pedestrian | 7. Deer |
| 3. Bicyclist | 8. Other Pedestrian |
| 4. Animal | 10. Other Object (Not Fixed)* |
| 5. Railroad Train | |

COLLISION WITH FIXED OBJECT

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

NO COLLISION

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

* Explain in Accident Description

SECTION C

Section 142 of the Vehicle and Traffic law defines a school bus as:

“Every motor vehicle owned by a public or governmental agency or private school and operated for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity, to or from school or school activities or privately owned and operated for compensation for the transportation of pupils, children of pupils, teachers and other persons acting in a supervisory capacity to or from school or school activities.”

NOTE: To report an accident on form MV-104F, the following two conditions must apply:

1. the vehicle(s) involved in the accidents must be **actually transporting** one or more pupils, children of pupils, teachers or supervisory personnel to or from school or a school activity; and
2. the transporting vehicle(s) must be either owned or contracted for by the school.

If both conditions are not met, you may be required to file form MV-104, Report of Motor Vehicle Accident.

For additional forms, write:

NYS-DMV
Inventory Services
6 Empire State Plaza
Albany, New York 12228
Fax (518) 402-1189.