



Get accident reports instantly by purchasing them on the web. Visit http://dmv.ny.gov/AIS before you use this form.

Use only for accidents that happen in New York State.

Please choose one of the following:

- I am named in this accident report, or I am the authorized representative of a person named in this report.
I am, or may be, a party to a civil action arising out of the conduct described in this accident report.
I am the authorized representative of a person who is, or who may be, a party to a civil action arising out of the conduct described in this accident report.
I am a representative of New York State or of a political subdivision of New York State, and will use this accident report ONLY for statistics or research relating to highway safety.
Other reason:

Please Print Requester's Name and Address:

Name and address lines

Requester's Signature X
Date of Signature

To knowingly make a false statement or conceal a material fact in this written statement is a criminal offense, punishable under Penal Law Section 210.45.

Provide as much information as you can about the accident:

Accident Date: / /

If more than 3 motorists were involved, please attach an additional MV-198C.

Accident Location (County):

Fatal Accident: YES

Responding Police Agency:

- NYC Precinct # Accident #
NYS Police
Local

Motorist information table 1: Plate No., Driver License ID No., NAME, Date of Birth, Address, Apt. No., City, State, Zip Code

Motorist information table 2: Plate No., Driver License ID No., NAME, Date of Birth, Address, Apt. No., City, State, Zip Code

Motorist information table 3: Plate No., Driver License ID No., NAME, Date of Birth, Address, Apt. No., City, State, Zip Code

Check boxes below for all reports you are requesting:

- Police Report
Motorist Report (NAME)
Motorist Report (NAME)

MV-198C (1/18)

Mail completed form and payment to: NYSDMV, MV-198C Processing, 6 Empire State Plaza, Albany NY 12228.

Non-refundable search fee \$10.00

No. of reports requested x \$15 \$

Total Amount Enclosed \$

Please select payment method (Do Not Send Cash):

- DMV account number
Check/Money Order - Payable to Commissioner of Motor Vehicles
Exempt

Print name and address where the accident report(s) should be mailed:

Mailing address box

Optional - Your reference number:

DMV USE ONLY

Date:

Transaction #:

Operator:

Records Found No Records Found

Search fee (non-refundable) \$10.00

No. of Reports x \$15 \$

Total \$

Amount Received \$

Refund. \$