




























New York State Department of Motor Vehicles
REPORT OF MOTOR VEHICLE ACCIDENT
BEFORE COMPLETING THIS FORM,
READ THE INSTRUCTIONS IN SECTION A ON PAGE 2

DMV
USEDO NOT FORGET
ACCIDENT DATE

Page _____ of _____

**RUSH - DRIVER OF VEHICLE 1 - LICENSE SUSPENDED FOR FAILURE TO REPORT**

Accident Date Month / Day / Year		Day of Week	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	No. of Vehicles	No. Injured	No. Killed	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													
(YOUR VEHICLE) VEHICLE 1				<input type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN																		
Vehicle 1 License ID No.				Vehicle 2 License ID No.																		
Driver Name—exactly as printed on license				DMV USE		Name—exactly as printed on license				DMV USE												
Address (Include Number & Street)				Apt. No.		Address (Include Number & Street)				Apt. No.												
City or Town				State		Zip Code		City or Town				State		Zip Code								
Date of Birth	Sex	Unlicensed <input type="checkbox"/>	No. of Occup.	Public Property Damaged <input type="checkbox"/>	State of Lic.		Date of Birth						Sex	Unlicensed <input type="checkbox"/>	No. of Occup.	Public Property Damaged <input type="checkbox"/>	State of Lic.					
Name—exactly as printed on registration				Date of Birth		Name—exactly as printed on registration				Date of Birth												
Address (Include Number & Street)				Apt. No.		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		Ins. Code		Plate Number		State of Reg.	Vehicle Year & Make		Vehicle Type		Ins. Code							
Estimated Cost of Repairs - Vehicle 1 <input type="checkbox"/> \$1000 or less <input type="checkbox"/> \$1001-\$1200 <input type="checkbox"/> \$1201-\$1400 <input type="checkbox"/> \$1401-\$1600 <input type="checkbox"/> \$1601-\$1800 <input type="checkbox"/> Over \$1800				Estimated Cost of Repairs - Vehicle 2 <input type="checkbox"/> \$1000 or less <input type="checkbox"/> \$1001-\$1200 <input type="checkbox"/> \$1201-\$1400 <input type="checkbox"/> \$1401-\$1600 <input type="checkbox"/> \$1601-\$1800 <input type="checkbox"/> Over \$1800																		
Describe damage to vehicle 1		9. ACCIDENT DIAGRAM: Circle one of the 9 diagrams (numbered 0-8) if it describes the accident. Or draw your own diagram below in space #9. Number the vehicles. Your vehicle is No. 1										Describe damage to vehicle 2										
		<table border="1" style="width:100%; text-align: center;"><tr><td>0. Left Turn </td><td>1. Rear End </td><td>2. Overtaking </td></tr><tr><td>3. Left Turn </td><td>4. Right Angle </td><td>5. Right Turn </td></tr><tr><td>6. Right Turn </td><td>7. Head On </td><td>8. Sideswipe </td></tr></table>										0. Left Turn 	1. Rear End 	2. Overtaking 	3. Left Turn 	4. Right Angle 	5. Right Turn 	6. Right Turn 	7. Head On 	8. Sideswipe 		
0. Left Turn 	1. Rear End 	2. Overtaking 																				
3. Left Turn 	4. Right Angle 	5. Right Turn 																				
6. Right Turn 	7. Head On 	8. Sideswipe 																				
Reference Marker		New York County of Occurrence						<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village														
		Route No. or Street Name																				
		Nearest Intersecting Route/Street						Miles <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W of At Intersection With <input type="checkbox"/>														
ALL PERSONS INVOLVED (see instruction 6 on page 2):								16. Check all column(s) that apply. See instruction 6 on page 2.														
Name and Address		8. In Veh. No.	10. Safety Equip. Used	11. Position in Vehicle	12. Age	13. Sex	Describe Injuries		K	A	B	C	Date of Death									
How did the accident happen?																						
Identify Damaged Property Other Than Vehicle(s)																						
Name of Insurance Company That Issued Policy								Policy Number														
Name and Address of Policy Holder								Policy Period From To														
If Vehicle was Operated Under Permit (ICC, USDOT or NYSDOT), give No.				Name and Address of Permit Holder																		
Is Form SR-23 (Fleet Coverage) on File with DMV? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Self-Insured, give Certificate No.																		
				and State																		
Date		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. <input type="checkbox"/> Injury <input type="checkbox"/> Death					Signature of Driver (or Representative) of Vehicle 1															
							Print Name of Driver (or Representative) of Vehicle 1															

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. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

INSTRUCTIONS

PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK

First - fold along this line.

Then fill in the 11 boxes in the right margin (on page 1 of form) 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 internet form. Instead, place page 2 over page 1 with the arrows on page 2 pointing to the boxes on the right edge of page 1.

1. If you were involved in an accident with a pedestrian, enter the pedestrian information in the "Driver" spaces provided for Vehicle 2, and check the "PEDESTRIAN" box.

If you were involved in an accident with 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, owner and vehicle information in the space provided for VEHICLE 2.

If a vehicle is unoccupied, enter all available information. Be sure to enter the correct vehicle plate number and vehicle type in the VEHICLE block.

2. Enter driver information EXACTLY as it appears on each driver license. Enter owner information EXACTLY as it appears on the registration of each vehicle involved in the accident.

3. If more than two vehicles were involved in this accident, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked YOUR VEHICLE and mark it No. 3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it No. 4 and so on. Additional forms are available at any Motor Vehicles office or from the DMV website: <http://www.nydmv.state.ny.us>

4. Enter the street or route name, the distance and direction from the nearest intersection, and the name or route number of that intersecting street.

5. If the accident occurred on a State highway, you will find a small green sign called a reference marker somewhere near the crash site. In the "Reference Marker" section, write the number EXACTLY as it appears on the sign.

6. For ALL PERSONS INVOLVED in the accident, list their names and addresses and fill in Boxes 8, 10, 11, 12, 13. For any person killed or injured, describe injuries and check appropriate injury code in Box 16. If anyone was killed in, or as a result of, the accident, provide the date of death. Place a "P" in Box 8 for pedestrians, and a "B" for bicyclists.

CODES FOR SAFETY EQUIPMENT USED (Box 10):

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

POSITION IN/ON VEHICLE (Box 11):

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

In Box 11, enter the number from this diagram which corresponds to each person's position.

INJURY CODES (Box 16):

- K - Any injury that results in death.
- 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).

If more than four people are involved, another report is needed. In the ALL PERSONS INVOLVED section of that report, record the required information for everyone else involved in the accident.

7. Attach additional reports to page one. Each page of the report must be numbered in the upper right 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 HE OR SHE IS INJURED OR DECEASED.

Send original to:

ACCIDENT RECORDS BUREAU
PO BOX 2925
6 EMPIRE STATE PLAZA
ALBANY NY 12220-0925

SECTION B

USE TO COMPLETE BOXES 1-11 ON PAGE 1.

PEDESTRIAN/BICYCLIST LOCATION

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

PEDESTRIAN/BICYCLIST 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
10. Pushing/Working On Car
11. Working in Roadway
12. Playing in Roadway
13. Other Actions in Roadway
14. Not in Roadway (Indicate)

TRAFFIC CONTROL

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

ROADWAY

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

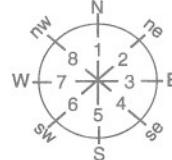
ROADWAY SURFACE

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

WEATHER

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

DIRECTION OF TRAVEL



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

PRE-ACCIDENT VEHICLE ACTION

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

TYPE OF ACCIDENT COLLISION WITH

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

COLLISION WITH FIXED OBJECT

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

NO COLLISION

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